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Ohio Medicine

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...collective bargaining the answer to those powerless feelings created by managed care? Some state medical societies are striding oround federal ontitrust laws to put collective bargaining units in place. But how effective ore they?

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Rx by APNs

Is this the year nurses prescribe?

House Bill 241 has passed the House, but remains in the Senate while several issues, including two af specific interest ta the OSMA, are settled.

The APN bill (HB 241) drifted through a Senate committee during the last months of 1999, continuing the unresolved status of the terms and conditions needed for advanced practice nurses to gain prescriptive autbority. The OSMA has already worked hard to make certain this bill is one that will ensure patient safety if it is passed. For example, the OSMA has successfully reduced the number of APNs a physician may supervise; assured physician input into the formulary from which nurses will prescribe; and limited the drugs an APN will be permitted to prescribe. At this stage of negotiations, two very significant issues remain of high interest to the OSMA: grandfathering nurses who do not have a master's degree and how an

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What's still an issue?

The OSMA is still attempting to resolve the following:

- Grandfathering nurses who don't have a master's degree.
- How to structure an externship program.

Quality assurance issues like:

- On-site supervision.
- How often the APN will meet with the supervisory physician.
- How often chart review must occur.
- How remote the APN's and physician's regular site of practice may be during externship.

Pushing more power for Formulory Committee... One areo of continuing concern to the OSMA is the Formulary Committee because it's receiving increasing power as the bill moves through the Senate. For example, Sen. Merle Kearns (R-Springfield), senate sponsor of the bill, wants to let the Formulary Committee promulgote rules for the externship.

OSMA members speak out on joint negotiations with plans

The results are in on joint negatiatians.

In mid-November, the OSMA surveyed a random sample of 4,000 plus members to gauge interest in pursuing legislation that would establish a "state action exemption" to allow self-employed physicians in Ohio to negotiate with health plans. For a complete description of how state action legislation works, see related stories on page 3. At press time, the OSMA had received approximately 400 responses to its survey, a 10% response rate, which is considered statistically valid for mail surveys.

In general, the survey revealed that while most members would like to pursue state action, they believe there are a number of other higher legislative priorities. Additionally, members' inter-

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Bills, Laws & Rules

Joint negotiations: More hype than clout?

Physicians, eager to bargain with managed-care plans, are eyeing state-action exemptions that grant federal antitrust relief. But how much negotiating can you really do?

The specter of violating federal antitrust laws have kept independent, practicing physicians from engaging in any activity that could be construed as joint negotiations with health plans.

But an increasing number of state medical associations, including the OSMA, are investigating the possibility of creating an exemption in state law – called a "state action exemption" – to get around the federal antitrust statutes. Texas is the only state that, to date, has adopted this type of legislation, allowing independently practicing physicians to join together to negotiate insurance contract provisions that affect patient care. (See related story.)

More say-so wanted

The OSMA is currently investigating political and member opinion on this issue, but anecdotal evidence from member physicians indicates a strong interest in any effort that would give them more say-so in dealing with managed-care plans. According to Tim Maglione, OSMA director of legislation, "Antitrust laws were designed to prevent unfair competition in the marketplace. But HMOs have such a dominate market presence, some relief is needed to level the playing field between physicians and big insurance companies."

The OSMA is concerned, however, that there is confusion over what antitrust relief can and cannot do in empowering a physician as he or she deals with health plans. For example, experi-

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Legislative update

Free clinic providers still immune from liability... Thanks to passage of OSMA-supported House Bill 261, physicians and other health-care providers of free health-care services to the indigent and uninsured continue to maintain their qualified immunity from civil liability. The new law also extends immunity to dentists who provide free dental care to the poor.

Nurses protected... Substitute Senate Bill 19, the legislation that pertains to nursing practice and patient safety issues, includes language that allows the Ohio Department of Health to establish a toll-free hot line to report complaints, and offers retaliation protection against nurses who report patient safety violations.

Tobacco money goes to schools, public health, research... Virtually all of the tobacco settlement money allotted to Ohio (97.5%) will be allotted to five trust funds for school facilities. The remainder will be allotted to tobacco use prevention, cessation and enforcement; addressing public health concerns; and on biomedical research. At press time, Senate Bill 192 had passed both the Senate and the House and is currently pending in a joint conference committee to resolve the different versions.

Bill offers pharmacist-client privilege... Senate Bill 172 sponsored by Sen. Grace Drake (R-Solon), creates pharmacist-patient confidentiality and provides provisions for consultation grievances in hospitals.

"Conspicuous type" suggested for living wills... According to House Bill 494, sponsored by Rep. Ann Womer Benjamin (R-Aurora), certain statements in a living will or a durable power of attorney for health care should be printed in conspicuous type instead of capital letters. The bill makes additional changes to both living wills and durable powers of attorney for health care to accommodate the new statewide, standardized, do-not-resuscitate orders.

Copying fees for medical records bill re-introduced... Last session, a bill was introduced setting limits on what providers and medical records companies may charge for providing copies of medical records. The bill has been re-introduced this session as House Bill 508.

State action law: A Texas tale

The Texas Medical Association was successful in urging the Texas legislature to adopt a state action bill. The new law became effective Sept. 2, 1999.

What the law allows:

- Permits physicians to communicate with each other regarding managed-care contract provisions and to negotiate jointly with a managed-care plan through a third-party representative, if approved by the attorney general (AG).
- Allows fees to be negotiated only in limited cases when the AG determines a managed-care plan wields substantial market power that has, or may have, an adverse affect on patient care. In those cases, fee negotiations may be permitted to ensure adequate access to care. This fee negotiation is restricted further by an express limit on the number of physicians who may jointly negotiate. Specifically, no more than 10% of the physicians in a health benefit plan's geographic area would be allowed to bargain as a unit.
- Permits local control by having the AG referee antitrust concerns instead of the federal government.

What it doesn't:

- Union-like activities by physicians, including boycotts, strikes, or the collective cessation of patient care are prohibited.
- Does not set up "collective bargaining" arrangements. In fact, the term "collective bargaining" is not even mentioned in the bill. Negotiations are voluntary and nonbinding.
- Bars physicians from seeking a state action defense from the AG if they represent a significant market strength.

Survey... continued from page 1

est in pursuing state action legislation decreased dramatically if the bill were to contain significant barriers to negotiating reimbursement levels. Most of the bills introduced in other states and the legislation passed recently in Texas places extremely high barriers to negotiating reimbursement. For example, in Texas the state's attorney general must determine that the insurance company has a majority of the market share in a region before reimbursement issues can be discussed.

When asked to indicate their level of interest in the OSMA pursuing state action legislation, 90% of the respondents to the survey expressed an interest – very interested (60%) and interested (30%). Only 4% of the respondents to that question indicated that the OSMA should not pursue this issue.

However, when provided with information that state action legislation would most likely strictly limit or prohibit negotiation on reimbursement, support for the legislation dropped significantly. The overall support for the bill decreased to 35% from an original high of 90%. The "do not pursue" category increased dramatically to 32%, up from 4% originally.

Further, when asked to rank the pursuit of state action legislation versus other legislative priorities, state action finished sixth out of eight issues. The following legislative issues were selected as higher in importance when ranked directly against state action.

- **prompt pay** (78% said higher) i.e., requiring insurers to reimburse in a more timely manner;
- **contracting issues** (66%), i.e., specifically prohibiting onerous contract clauses like "most favored nation" and "all products."
- **medical necessity** (61%), i.e., defining HMO medical necessity reviews as the practice of medicine;
- **HMO liability** (59%), i.e., creating a statutory right to hold HMOs liable for negligent medical necessity reviews; and
- **physician profiling**, (53%), i.e., defeating of a proposal that would post physician profiles, including malpractice awards and settle- ments on the Web.

The results remained consistent when members were asked to select the most important three legislative issues out of the list of eight. Once again only two issues ranked lower than state action – tobacco and trauma.

The OSMA Council will address this issue at its Jan. 7 and 8 meeting. In the interim, the OSMA staff has been directed to continue to research this issue and to move quickly ahead in addressing the issues that ranked so much higher in the member survey. ■

Quote

"The external review process will be fully functioning by May 1, 2000, as required by statute."

– Lee Covington, director, Ohio Department of Insurance

(On completion of the rules that comply with the external review provision of the OSMA-supported Patient Protection Act. He expects the rules to become effective in early February.)

Physician assistants rules re-worked

Physician assistant procedures, laser use, licensure rules are all receiving a second look.

The State Medical Board of Ohio is working on clarifying and updating three rules. It's too early to describe the board's proposed changes, but expect to see alterations in: 1.) the duties assigned to physician assistants (the board is likely to spell out the specific duties PAs may perform); and 2.) who may use lasers for medical purposes and how they are to be used. The OSMA is monitoring the board's actions, and late last year, it mailed a survey on the proposed PA rules to a random selection of OSMA members for their comment. The OSMA will present any member feedback to the board as appropriate. On the subject of rules, the board is also in the process of preparing its Physician Emeritus rules and continues to review its weight loss rules.

Of note...

Respondex therapy should not be delegated...In response to an inquiry from a physician, the board's scope of practice committee determined that Respondex therapy could not be delegated to an occupational health nurse. The committee indicated that the nurse did not have the authority to make a diagnosis, and that Respondex therapy is a physical medicine modality that she was not equipped to manage. The board indicated to the physician that Respondex therapy is the practice of medicine/physical therapy and was not to be delegated through written standing orders.

New committee to examine telemedicine issue...The board has a new committee that will study the issue of telemedicine, specifically telepractice rather than teleconsulting. The committee will examine whether or not it should be necessary for a physician to hold a specialty license certificate if engaged in the practice of telemedicine. Members of the new committee include: Anant R. Bhati, MD, chair; R. Gregory Browning; Pitambar Somani, MD; and Lance Talmage, MD. ■

Medical Board Report

Medicine's friends:

Madam Speaker

It's important for physicians to know their legislators, says Ohio House Speaker Jo Ann Davidson, before they want to talk about a specific issue.

Now serving a 10th term as a member of the Ohio House of Representatives, Jo Ann Davidson (R-Reynoldsburg) was elected Speaker, effective January 1995. She has earned awards, including Outstanding Legislator and Legislator of the Year. She is an inductee in the Ohio Women's Hall of Fame and YWCA Women of Achievement. She has been recognized with honorary law degrees from Ohio University and Capital University, and she has won the Good Housekeeping Award for Women in Government. But you might know her in another context – as a legislator with a keen interest in supporting many of the tenets of organized medicine.

"When I was elected Speaker," she says, "I knew I was comfortable with my knowledge of budget, finance, labor management and local government issues, but not health care." So she quickly enrolled in a fast-track backgrounding seminar on health-care issues for legislators. This program, given by a national organization, provided an intense learning experience that buoyed her up the learning curve on the intricacies of health-care legislation. Now she describes herself as a "generalist," knowing balanced amounts about all the areas of potential legislation.

Jo Ann Davidson... Speaker of the House

Speaker Davidson acknowledges that with the approaching impact of term limits, "We will lose members with years of familiarity and years of relationships with health-care organizations." Among the incoming throng on new legislators, she is planning "to identify people with experience and get them right into committees where they can best serve, including Health and Retirement, Finance or Insurance, which are all related to health care." She strongly recommends these legislators take advantage of learning experiences that will help clarify how the health-care system works, what the issues are, and what are the problems associated with the legislative process.

"It will be important that if these new legislators show interest in health care they get onto a committee, get backgrounded in health care, and interact with all segments of the health provider community." She also hopes that incoming and present legislators will enter the health-care debate by studying the issues and then carrying a bill in front of the Legislature.

For physicians, Speaker Davidson reiterated the common theme of how important it is for medical practitioners to know their legislators, and vice versa. "Programs where legislators and physicians spend days with each other can be very valuable," Speaker Davidson suggests. "Physicians need to know their legislators before they want to talk about a specific issue." She favors small meetings or one-on-one, preferably in the home district. She also said that if a physician intends to talk with legislators at a large function, such as a reception, that physician should call that legislator's office before the event. Often, such a call will cement a decision for a legislator who is juggling several such invitations and deciding which one to attend. "If the legislators know you are going to meet them, they will try to be there," she recommends.

Finally, on the issue of how health-care legislation progresses through the judicial-legal system, she says, "Few laws originate away from the constituency." It's usually organizations like the OSMA or problems the physicians face in day-to-day practice that get them speaking to legislators and encouraging a bill to be brought to the floor, she explains. However, the process is not totally predictable. One recent eye-opener was when the Supreme Court totally rejected tort reform. "We thought the Supreme Court would find some of the measures constitutional, but we were surprised when they threw the bill out." In the true form of a leader, she remains hopeful, "We are now looking at the decision ... and what to do to readdress it." – *Yvonne H. Burry*

Take Action

The OSMA Legislation Department will help you meet your legislator so that you may become acquainted and begin a dialogue on important issues with your state representative or senator. Contact the department at (800) 766-6762, Ext. 6742. To find your legislator on the OSMA Web site, go to www.osma.org, and click on "Legislation, then "Find Your Legislator."

Should insurance pay?

The Ohio House made changes to a bill requiring a review council to study all legislation that mandates insurance coverage.

As managed care has increased in Ohio, there has been a corresponding increase in the number of insurance mandated benefits bills introduced in the General Assembly. Legislators increasingly hear from constituents about problems they have with their health plan when HMOs deny coverage for certain treatments. When legislation is introduced to address these problems there is often conflicting information presented that discuss the cost implications vs. medical efficacy of the legislation.

To deal with this issue Rep. Dale Van Vyven (R-Sharonville) introduced House Bill 221 which, as introduced, would require that all bills mandating health insurance coverage first undergo a review by an independent group of actuaries, chosen by the Ohio Department of Insurance, to determine the potential costs of such mandates.

Over the years the OSMA has traditionally remained neutral on insurance mandate bills, due primarily to concerns that this type of legislation has the potential to increase the number of uninsured Ohioans. "We supported the concept behind the legislation," says Nick Lashutka, deputy director, OSMA Department of Legislation. But both the association and legislators had some concern with the original draft.

First, there was the issue of how the benefits vs. cost factor would take place. Initially, says Lashutka, the bill set a high priority on the financial impact of a mandate. "There wasn't enough consideration given to balancing that cost against the medical efficacy of the treatment or potential cost savings. In some cases, when patients receive medical treatment on the front end there are significant cost savings in the long run. That's the way managed care was originally designed to work," says Lashutka.

Second, legislators were concerned that this independent panel could potentially supercede the General Assembly's ability to vote on this type of legislation. "Legislators were concerned that the Mandated Benefits Review Council could effectively kill legislation by issuing an unfavorable recommendation – before the bill could come up for a vote in a legislative committee," notes Lashutka.

Amendments were added that balanced out the cost vs. benefits equation when objections were raised on the House floor, and turned the panel into a body that will only verify for legislators the actuarial criteria submitted with the bill. With the amendments in place, Am. Sub. HB 221 passed the House – with OSMA support. At press time, the bill awaits hearings in the Senate, but according to Lashutka, Senate President Richard Finan (R-Cincinnati) has indicated he would like to see the bill pass during the 123rd General Assembly. ■

Take action

For more information on HB 221, contact Nick Lashutka, Department of Legislation, (800) 766-6762, Ext. 6747.

OSMA OK'd these mandates

While the OSMA historically stays neutral on bills mandating insurance coverage, the association has made at least two exceptions. In both cases, the OSMA supported, or supports the legislation.

Mental health parity

The most recent exception is House Bill 53, the mental health parity bill, which is undergoing hearings in the House Insurance Subcommittee on Mandated Benefits. If passed, HB 53 would prohibit discrimination in health-care policies regarding the treatment of mental illness, substance abuse or addiction. "When Dr. Thorward (S.R. Thorward, MD) testified before the House Subcommittee, he told legislators that one HMO wanted to pay for coverage for preventive treatment for a particular patient because they found the $8,000 cost was significantly less than the $40,000 that had been spent on more expensive emergency department visits and misdirected medical procedures for the same patient," says OSMA Deputy Legislative Director Nick Lashutka. States that have passed mental health parity legislation have experienced cost savings for overall health-care expenditures in this area as well as better treatment for patients resulting in a higher quality of life.

S.R. Thorward, MD

Maternity length-of-stay

Legislation was overwhelmingly passed by the Legislature several years ago that required insurers to pay for a reasonable length of stay in the hospital for mothers and newborns following delivery. The length of stay is now determined by the physician and the patient, rather than the HMO. Prior to the law, "drive-through deliveries" where lengths of stay were shortened by insurers, in some cases to 24-hours, were a common practice. "The situation where HMOs were dictating a maximum length of stay was not always in the patient's best interest," says Lashutka. The law now assures that physicians and not insurers make the decision regarding what length of stay is best for patients.

Hot targets

The Office of the Inspector General prepares a "work plan" each year to investigate areas of provider fraud and abuse. Here's the plan for 2000.

Target	Specifically	Why	What OIG will look for
Home health care	Physician involvement in approving and monitoring home care for Medicare patients.	Earlier OIG work found that physicians didn't have a relationship with their patients.	How often physicians examine home-care patients and identify obstacles in monitoring them.
Nursing home medical director	How the role has been interpreted and implemented.	One of a series of OIG investigations on the quality of care in nursing homes.	If medical directors are implementing resident care policies and coordinating medical care.
Routine nursing home visits	If HCFA needs to establish controls over these types of payments.	Physicians sometimes billed for more services than can be performed in a normal workday.	Is quality of care being provided?
Physicians at teaching hospitals	If physicians are complying with rules governing payment for services.	In the past, providers were not in compliance with applicable Medicare reimbursement policies.	If claims accurately reflect the level of service provided.
Automated encoding systems for billing	Automated encoding software.	To see if billing errors for physician services are the result of this type of software.	Where errors occur, i.e., in software, independent billing, or third-party billing.
Reassignment of physician benefits	The practice of allowing physicians to reassign their billing numbers to clinics.	This practice shifts accountability and liability for billing abuses from physicians to clinics.	Past reassignment abuses to determine specific problems.
Myocardial perfusion imaging	The medical appropriateness of the procedure.	This type of imaging procedure accounted for much of the 23% increase in billing for nuclear imaging services.	Whether or not the procedure is warranted.
Private physician contracting	Private contracting between Medicare beneficiaries and physicians.	Few physicians use this option, but its impact on beneficiaries' access to care as well as other protections is unclear.	Are Medicare patients' access and protections compromised by private contracts?
Advance beneficiary notices	The use of advance notices to Medicare beneficiaries, required before a physician provides services they believe Medicare won't reimburse.	Practices vary widely, especially with regard to noncovered lab services.	When notices are provided.
Duplicate payments for office visits to nephrologists.	Payments to nephrologists for dialysis patients' office visits.	To determine if payments are made twice.	Whether or not services are already included in the monthly capitation payment for "physician services" during the same period.
Physician incentive plans	Incentives included in contracts between physicians and managed-care plans.	To see if plans are disclosing financial arrangements with physicians based on utilization levels.	Have incentive plans been disclosed to HCFA and beneficiaries?
Medicare provider numbers	The current condition of Medicare provider numbers and unique physician identification numbers.	Deficiencies in the issuance of provider numbers for specific areas, numbers not deactivated on a timely basis.	If numbers are accurate and up-to-date.
Medicare B	Provider claims to obtain payment.	The OIG receives complaints from a variety of sources in this area.	Whether or not claims are false or fraudulent.

APNs... continued from page 1

externsbip should be structured.

"Grandfather within limits"

"The OSMA Council decided they could go along with grandfathering as long as the APN had 10 years of recent experience," says Marla Bump, OSMA Department of Legislation. However, the OSMA has specifically supported the qualification that three years of experience must be within five years prior to the effective date of the bill, if and whenever it passes the Senate and is signed into law. This particular provision had its origins with the Ohio Academy of Family Physicians, which worked for its inclusion in the bill.

The externship provision requires that all nurses seeking prescriptive authority will have to have an additional supervised, one-year training period prior to obtaining a certificate to prescribe. The exception at this point is for nurses now involved in pilot programs administered through Wright State University, the University of Cincinnati and Case Western Reserve University. As Bump explains, "If the APN has been working in a pilot group prior to the effective date of the bill, he or she will not have to go through the externship."

Until recently there had been concern that any nurse in a pilot program would automatically be exempt from the externship. That is "not really a concern any longer," Bump explains. "We have agreed to language that precludes the pilots from cramming nurses through." In other words, thanks to the efforts of the OSMA, even if someone works in a pilot program in the future, that nurse will have to go through the externship.

Pharmacists' concerns

Pharmacists also have some concerns over the APN bill as it currently stands. They don't particularly like the idea of APNs dispensing because that could cut out the natural check and balance system where pharmacists often catch errors as orders for prescriptions pass through their pharmacies, Bump says. Another area of concern is drug contraindications that might slip by someone less experienced than a physician or pharmacist.

The nurse prescribing bill is one measure that may yet pass this 123rd General Assembly. If it does, the OSMA has made certain it's a law that protects patients as much as possible. – *Yvonne Burry*

Take Action

Marlo Bump, OSMA Department of Legislation, has worked with members who have provided suggestions as the bill has evolved. If you would like to provide your input, contact her at (800) 766-6762, Ext. 6741.

Bargaining... continued from page 3

ence in other states has shown that the state action exemption does create an avenue for negotiations with plans on issues such as patient referral standards, utilization review criteria, administrative procedures, all products clauses and hold harmless clauses. But the ability to negotiate reimbursement is very limited. In addition, many physicians remain unhappy about the strong presence of the state in overseeing all negotiations.

No proposal now

At present, no state action doctrine has been proposed in the Ohio General Assembly to allow collective bargaining for physicians. The first step, Maglione explains, is to find out if OSMA members are interested. "In mid-November, OSMA sent out a survey to members," he says. "It will assess the level of intensity of interest in pursuing this issue." (See related front-page story for preliminary results.)

If OSMA decides to proceed with support for a state action doctrine in Ohio, the bill would be specifically written so health-care professionals could jointly negotiate contract issues. – *Yvonne Burry*

Take Action

If you have an opinion regarding physician joint negotiations, contact the OSMA Department of Legislation, (800) 766-6762, Ext. 6746.

OSMA News

Medical students

Ohio's next generation

Practicing Ohio physicians have established a national reputation for leadership in organized medicine. But on the horizon is Ohio's new bumper crop of leaders.

Ryan J. Grabaw

Mark G. Moseley

Working hard to make an impact in organized medicine is the next generation of leadership – members of the Medical Student Section (MSS) of the American Medical Association (AMA). This year, Ohio is privileged to take the spotlight with two individuals in highly visible leadership roles. Serving in this unique capacity are Ryan J. Grabow, chair, AMA-MSS, and Mark G. Moseley, speaker, AMA-MSS.

Grabow, a fourth-year medical school student at the Medical College of Ohio, comes from a family immersed in political leadership (his father, an attorney, has three decades of service as a suburban mayor) and medicine (his mother is a nurse educator). Moseley, a third-year student at The Ohio State University College of Medicine and Public Health, is charting new territory as the first student in OSU's new MD/MHA combined program. Both young men are finding room in their lives to add hours of service by promoting the importance of organized medicine – on a national basis – to their fellow students. And both have been extraordinarily active in organized medicine since their entrance into physician training.

Improve communications

As AMA-MSS chair, Grabow sees his mission to educate, motivate and activate his fellow students. "Through all of this, one of the biggest things I see is the need to improve the communication of medical students around the country." Grabow explains that there are already several very active listservs (online discussion groups), and plenty of e-mail in circulation. On his plate is also the intention to help promote a more interactive, useful and intuitive Web site, to further enhance the efficiency of students linking with students in other states.

Grabow is also involved in a MSS National Service Project. At the Interim Meeting in December, the MSS was to decide on a project. Meanwhile, the student section is completing their project focusing on organ donation.

"Students are recognizing that part of being a physician involves realizing how physicians can impact medicine on a national level," says Grabow. His interest in organized medicine comes from a personal desire to combine commitment and service, and to use his talents and energies to serve others. "I'm fascinated how medical students can, through their activism, shape the practice of medicine, and help all patients and future patients to fight for their needs."

Coordinating meetings

Moseley, who already has been president of the OSU MSS chapter, is now contributing his efforts on a national level. As one of the younger members of the AMA-MSS Governing Council, he has spent much of 1999 organizing the student activities planned for the December AMA Interim Meeting in San Diego.

Through intense e-mail traffic among other students scattered across the country, Moseley coordinated several days of student meetings that preceded the practitioners' meetings. "We focused on policy, as we are the training ground for the future House of Delegates," he says. "So many issues surrounding medicine are being decid-

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The chair's agenda

For the nearly 39,000 students involved in the AMA-MSS, Chair Ryan J. Grabow is helping push several programs on the national level.

- Creating a national legislative project that sets up a template for picking a piece of significant legislation, presenting the relevant background about it, then suggesting how to lobby it on both the state and national level
- Providing an active Web site that provides the "basics" on significant practice issues
- Promoting greater representation of students as a whole in the AMA, so students can take ownership in the organization that they will be part of during their entire career.

OSMA highlights

Annual report available... Wonder what the OSMA was up to in 1999? More than you might think. The association has prepared a full report that describes the numerous programs and activities the OSMA was engaged in during 1999. Each division is represented. If you have wondered what your association has done for you lately, this is a good place to find out. To order a copy, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #3-00 or go to the OSMA Web site, www.osma.org, look under "Membership Information" and click on "Annual Report".

CME credit renewed for pain handbook... The Focused Task Force on Education recently renewed the CME credit for *Pain – The Fifth Vital Sign*, the OSMA handbook on managing chronic pain. CME credits were to expire at the end of January. Physicians who read the handbook and take the self-test may receive up to 2 hours of category 1 CME. If you would like to order a copy, contact Robin Parker, OSMA Division of Public Affairs, (800) 766-6762, Ext. 6744.

Physicians opine on UHC announcement... As part of its Collective Bargaining survey (see page 1) the OSMA asked physician respondents to comment on United HealthCare's recent announcement that, with a few exceptions, it would no longer require pre-approval for medical treatments and services. Assuming that, as predicted, UHC's approach will be copied by other plans, physician respondents rated the action this way: 11% – very positive; 49% – positive; 34% – no impact; and 6% – negative.

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Surfing the local Web sites

Physicians in six counties have access to their own localized health-care news through their county Web sites.

So far, six county medical societies are in various stages of developing Web sites. Some are more complete, others are still evolving. Each site, however, is unique and a perfect resource, not only for physicians in the community, but, in most cases, for the public as well.

The chart at right provides information on some of the features common to many of the six Web sites. It fails to show, however, the full range of features available on each individual site. For example, the chart doesn't show:

- Cincinnati's computer training center feature, or its banquet and travel information;
- Toledo's breaking bulletins for members, or its list of local hospitals. A nice touch here is information on when the site was last updated.
- Lake County's Lake Hospital feature, which includes medical staff CME. Also check out the Web site's meeting feature, maybe one of the most complete meeting features available. The society has voted to dedicate a larger budget to developing and promoting the site, so continue to check back to see what new features have been added.
- Geauga County's photos of recent events, like its softball tournament, Christmas party and its members' home pages. Another nice feature: the site tells you how many times it has been visited.
- Stark County's list of important phone numbers and its extensive "newsletter" section which includes applications pending, the slate of officers for 2000, and recent board minutes.
- The Columbus Web site's entry to pages featuring its three affiliate organizations.

In other words, each site is worth your time to check out. – *Carol Larimer*

	Cincinnati	Toledo	Lake	Geauga	Stark	Columbus
About the society	○	○	○	○	○	○
Consumer/public	○	●	○			○
Event calendar	○	○	○	○	○	○
CME calendar	○	○	○		○	○
Find a physician/ membership roster	○	○	○	○	○	○
Affiliance	○		○			○
Members only	○	○	●			
Links	○	○		○	○	○
News or Newsletter	●	○	●	○	○	○
OSMA link	○	○	○	○	○	○
	● The newsletter section is a secure area of the site.	● The public has access to health-care articles written by academy members and outside sources.	● The newsletter section is the only secure area of the site – it requires an entry code.			

Web sites

Cincinnati:
www.academyofmedicine.org

Toledo:
www.toledoacadmed.org

Lake County:
www.lcms.net

Geauga County:
members.tripod.com/geaugacms/

Stark County:
www.starkmedical.org

Columbus:
www.cma-ohio.org

You may also link to any of these sites through the links page of the OSMA Web site:
www.osma.org

Web master MD

The Web master of two of the county sites are physician members.

Kevin Chartrand, MD, heads up the site for Geauga County Medical Society. You can link to his home page from the site, but he says the most popular feature, so far, are the photographs of society social events.

Duane Gainsburg, MD, serves as Web master for the Academy of Medicine of Toledo and Lucas County's site. As a value-added service, Dr. Gainsburg also shares timely articles related to the politics and economics of medical practice with other society members through a listserv. Under the listserv system, society members automatically receive the articles via e-mail unless they request removal. "An important note regarding the listserv system," notes Dr. Gainsburg, "members can also receive e-mails from the academy without their e-mail address being listed on the Web site. They just need to make the academy aware of that preference when they submit their e-mail address." – *Carol Larimer*


Duane Gainsburg, MD

It's about time

President's Perspectives

David Utlak, MD

It's ironic, isn't it? Last November, as we sat on the cusp of a new century, a new millennium, the forward path of progress, the pendulum finally began its backward swing.

By now, you must have heard (and delighted in) United HealthCare's decision to allow doctors final say in treatment decisions. It's about time.

Managed care may have its place in the world of business and bottom lines, but when it comes to making the kind of decisions that's best for patients, doctors have always held the upper hand. That's not arrogant bragging, or paternalistic spouting of the "doctor-knows-best" philosophy. It's simply that we have the training, the skill, the experience, and maybe most important, the sensitivity to know what's in our patient's best interests. After all, to us, a patient isn't an "enrollee," a "beneficiary," or a "cost factor." Our patients are people with whom we have formed a close and confidential relationship, no matter how long they have been under our care. We work together, discussing treatment options, problems, hopes and fears. Together we determine a diagnosis and how to handle it from there. When was the last time an insurance company took the time to listen to a patient's complaint, or even participate in some hand-holding if necessary?

That's why it has been so frustrating working in a managed-care environment, where that relationship with our patients has been shoved onto a shelf, as though it were a museum oddity instead of a real-life drama that affects flesh-and-blood people. Putting medical decision making back into the hands of physicians and patients is, in my opinion, the best thing that could happen to health care in this country.

Maybe the most telling factor in United's recent decision was its statement that scrutinizing each and every request for coverage was, in the company's own words, not especially cost effective. According to United, the insurer was approving 99% of the requests for coverage it received. It was paying a lot of money to review that 1% of claims that were ultimately denied. Is it fair to ask doctors to justify their more costly decisions, like surgery and expensive testing, which United will continue to do? Yes. It's a check-and-balance system. It may make us think twice as to the procedure's necessity...the costs, the discomfort to the patient, the risks vs. benefits. That's not just "managed care" however. Those are the kind of decisions that go into quality care.

The OSMA has always believed that health-care plans that put patient needs first and that consider physicians as partners, not cost centers, will excel in the future. Let's just hope that more health-care plans follow United's example, and place doctors and their patients back in charge. ■

OSMA highlights...

continued from page 10

Living will info will be rewritten... Because of the state's new do-not-resuscitate orders, the OSMA Division of Public Affairs is revisiting the living will material it makes available to the public. The material will be rewritten so that information will conform with the DNR law. Also, information about the DNR law will be drafted to include with the living will kits.

E-mail newsletter keeps you updated... The best way to keep yourself up-to-date on Ohio health-care news is through the OSMA's new weekly e-mail newsletter. You'll find all the news you need to know on legal, legislative and reimbursement issues. To order a copy, send your e-mail address and your request to: Karen Kirk, kkirk@osma.org, or call her at (800) 766-6762, Ext. 6754.

Students...

continued from page 10

ed every day by people who are not physicians," says Moseley. "Medicine needs to stand up and have a voice on these issues.

"We also had an educational component, where we talked about medicine's response to the 2000 elections, and educated our members on grassroots political activism." In his role officiating the AMA-MSS meeting, he coordinated educational and policy-setting sessions on such topics as medical education reform, student research, GME funding, legislative awareness and community service.

Having already lobbied for the AMA in Washington, D.C., Moseley adds, "The AMA is doing so much on so many important issues. As a student I have been able to make an impact. Organized medicine is extremely important, and my job as a leader is to motivate other students to participate." – *Yvonne H. Burry*

Take Action

To take port in AMA-MSS activities, medical students should contact the Department of Medical Student Services at (800) AMA-3211, Ext. 4746. Also check out the Web site: http://www.oma-assn.org/mss. Students who wish to join or become active at the state level should contact Shor Wockmon, OSMA Division of Membership Services, (800) 766-6762, Ext. 6773.

Where's Dr. Abromowitz?... The AMA Board of Trustee member who provides regular columns for *Ohio Medicine* was attending the AMA Interim meeting at press time. Watch for his column to return next month, with news of the meeting and how Ohio's resolutions fared.

Insurance department watches for insurers' shortcomings

The Ohio Department of Insurance (ODI) is charged to "protect the interests of the public through the consistent and fair application of Ohio's insurance laws and regulations, and to inform and educate the public on insurance issues."

All insurers doing business within Ohio, including HMOs (which will be discussed in the April insert) are required to be licensed by ODI. The ODI cannot rate or recommend companies. They can only tell you whether the company is authorized to do business in Ohio. The department's Web site suggests that consumers contact private rating firms such as A.M. Best Company, Fitch Investors' Service, Standard & Poor's, Weiss Research or Moody's Investor Service.

Most companies writing medical malpractice insurance within Ohio submit filings on an ongoing basis to the ODI Office of Property and Casualty (P&C) Services to introduce new products or revise existing ones. This office ensures that premiums charged are fair and equitable, and that policies are understandable and clear. Staff analyze insurance contracts, endorsements and rating manuals. In 1998, 549 P&C insurance companies submitted more than 12,000 filings to ODI.

Insurance companies writing surplus lines of business (hard-to-place risks) or any type that the broker cannot find in the "admitted market" of Ohio-authorized companies, do not file policy forms and premium rates under these requirements, and their policies are not eligible for coverage by the Ohio Guaranty Fund.

Unlike the hard market of the 1980s, most risk business can be written right now without many problems, according to an ODI source.

The ODI is accredited by the National Association of Insurance Commissioners (NAIC). Under NAIC standards, ODI conducts a complete quarterly and annual financial analysis of all Health Insuring Corporations doing business in the state. ODI also conducts comprehensive on-site financial examinations of licensed insurance companies every three years.

ODI looks for various matters or developments that may signal certain shortcomings, such as the following:

- declining net worth;
- operating losses;
- high expenses;
- explosive premium growth;
- unusual assets or liabilities;
- inadequate claim reserves;
- audit differences.

When conditions such as these are detected during the review process, ODI investigates and determines what corrective actions will (or are) being taken to resolve the shortcomings. In addition, ODI may send a financial examination team or outside consultants to the company to investigate the situation.

Unusual numbers can sometimes be explained by several factors, such as writing adequate offsetting business, unfavorable changes in interest rates within contract periods, or aggressive attempts to capture market-share.

If it appears that management is not effectively resolving its difficulties or if ODI believes the company is, or could be, in potentially hazardous financial condition, ODI may place the company under an Order of Supervision.

Supervision is a confidential action by law, and involves the ODI acting as an overseer of the company's operations. The department's staff and outside consultants may both be utilized in this phase of regulatory action to determine a corrective action plan with the company's management.

If the company's financial vitality cannot be improved upon, the department will file either a Complaint for Rehabilitation or Liquidation with the Franklin County Court of Common Pleas. This complaint is a public action and its purpose is to place the company's assets under control of the court and to remove the company from the marketplace, as its financial condition has now been determined to be hazardous to policyholders and creditors, and/or it has been adjudged to be insolvent.

All quarterly and annual financial statements and annual audits filed with ODI, department triennial examinations, company abstracts, COA filings (permission requests to write a particular type of insurance), and Form A filings (filed when a company wants to acquire or merge with a domestic insurer) may be examined on microfilm or computer, by appointment.

If you want to look out for your best interests, the ODI recommends reviewing a company's annual statements and looking for profitability and capital adequancy. And, consult financial rating services. – *Carol Larimer*

Selected insurance companies that write medical malpractice insurance coverage in Ohio	NAIC Code	A.M. Best Rating	A.M. Best Dates	S&P Rating	Weiss Rating
American Casualty Company of Reading, PA *	20427	Ap	7/6/99	A+	C+
American Continental Ins. Co.*	12246	A g	4/21/99	Api	C
American International Insurance Co. **	32220	A++ g	7/6/99	AAA	B
Chicago Insurance Co. *	22810	A++ p	10/18//99	Api	B-
Cincinnati Insurance Co. (The)*	10677	A++ g	6/21/99	AA+	A
Continental Casualty Co., * member of CNA Insurance **	20443	A p	7/6/99	A+	C+
Doctors' Co., an Inter-insurance Exchange (The) * **	34495	A g	4/26/99	BBBpi	B
Evanston Insurance Co. **	35378	A gu	8/17/99	A+	C-
Farmers Insurance Group **	00698	(no ratings – groups are not rated)			
Truck Insurance Exchange***	21709	Ap	12/22/98	AA+ (Negative credit watch)	C+
Frontier Insurance Co. * **	34266	B++ gu	11/15/99	A (Negative credit watch 11/16/99)	C-
Health Care Indemnity Inc. *	35904	A-	4/26/99	BB+pi	C
Kentucky Medical Ins. Co. * **	38105	A- r	8/31/98	A	C
Lawrenceville Property & Casualty Co., Inc	28916	Ar	11/8/99	BBBpi	C
Medical Assurance Inc. **	33391	A g	5/24/99	A+	B
Medical Protective Co. * **	11843	A	4/26/99	AA	B
MIIX (formerly Medical Inter-Insurance Exchange of NJ) **	10933 34398	Ag	11/8/99	BBBpi	C+
National Union Fire Insurance Co. of Pittsburgh, PA **	19445	A++ g	7/6/99	AAA	B+
OHIC Insurance Co. * **	35602	A-	1/25/99	NR – rating withdrawn 9/7/99	C+

Selected insurance companies that write medical malpractice insurance coverage in Ohio	NAIC Code	A.M. Best Rating	A.M. Best Dates	S&P Rating	Weiss Rating
PHICO Insurance Co. * **	35718	A- g	11/23/98	BBBpi	C
Professionals Advocate Ins. Co.**	29017	A-	4/26/99	BBBpi	C+
ProNational Insurance Co. **	38954	A- g	11/29/99	A-	C
St. Paul Fire & Marine Insurance Co. **	24767	A+ p	7/12/99	AA	B+
St. Paul Mercury Insurance Co. **	24791	A+ r	7/12/99	AA	B
Transportation Insurance Co. *	20494	A p	7/6/99	A+	C+
Zurich American Insurance Co. of IL **	27855	A+ r	3/15/99	AA+	C+

* : a company that is one of the 18 top-ranked Ohio medical malpractice insurance companies by Ohio market share. Source: National Association of Insurance Commissioners (NAIC).

** : an *Ohio Medicine* advertiser, or, a company represented by an insurance agency that is an *Ohio Medicine* advertiser (as reported by that agency).

***: Ohio medmal underwriter for this group.

Best's Ratings are under continuous review and subject to change and/or affirmation. For the lastest Best's Ratings and company reports (wbich include Best's Ratings) visit Best's Web site at www.ambest.com/bestline/sales/ratings.html. See Guide to Best's Ratings for explanation of use and charges.

Weiss Safety Ratings

Weiss Ratings, Inc., is the only independent rating agency covering the insurance industry. Unlike the other rating agencies, Weiss accepts no compensation from the companies it rates, and does not permit companies to suppress unfavorable ratings; all ratings are published, good or bad. The Weiss Safety Ratings are updated quarterly and have established a strong track record for accuracy, giving early warning of financial vulnerability and reflecting early improvements in a company's financial health. Furthermore, the Weiss Safety Ratings scale is very easy to understand.

Weiss Safety Rating Scale

A = Excellent; **B** = Good; **C** = Fair; **D** = Weak; **E** = Very Weak; **F** = Failed

What Our Ratings Mean

A Excellent. The company offers excellent financial security. It has maintained a conservative stance in its investment strategies, business operations and underwriting commitments. While the financial position of any company is subject to change, we believe that this company has the resources necessary to deal with severe economic conditions.

B Good. The company offers good financial security and has the resources to deal with a variety of adverse economic conditions. It comfortably exceeds the minimum levels for all of our rating criteria and is likely to remain healthy for the near future. However, in the event of a severe recession or major financial crisis, we feel that this assessment should be reviewed to make sure that the firm is still maintaining adequate financial strength.

C Fair. The company offers fair financial security and is currently stable. But during an economic downturn or other financial pressures, we feel it may encounter difficulties in maintaining its financial stability.

D Weak. The company currently demonstrates what we consider to be significant weaknesses which could negatively impact policyholders. In an unfavorable economic environment, these weaknesses could be magnified.

E Very Weak. The company currently demonstrates what we consider to be significant weaknesses and has also failed some of the basic tests that we use to identify fiscal stability. Therefore, even in a favorable economic environment, it is our opinion that policyholders could incur significant risks.

F Failed. The company is under the supervision of state insurance commissioners.

Weiss Ratings, Inc.
4176 Burns Road, Palm Beach Gardens, FL 33410
sales: (800) 289-9222 main: (561) 627-3300
facsimile: (561) 625-6685 e-mail: wr@weissinc.com

Weiss Safety Ratings are available by phone only, using a major credit card: $15 for one company; $36 for three. Call-in hours are Mon.-Fri.: 8:30 a.m. to 10:30 p.m.; Sat.: 9 a.m. to 5 p.m. Call **(800) 289-9222** for ratings.

To obtain insurance company ratings and related information:

A.M. Best Company
home page: www.ambest.com
ratings:
www.ambest.com/bestline/sales/ ratings.html
company reports:
www.ambest.com/bestline/sales/reports.html
ratings by phone: (908) 439-2200, Ext. 2

Standard & Poor's
home page: www.standardandpoors.com
ratings:
www.standardandpoors.com/ratings/insurance
ratings by phone: (212) 438-2400, Ext. 1

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ratings by phone: (800) 289-9222

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CURRENT GUIDE TO BEST'S RATINGS

For a complete explanation of Best's Ratings, please refer to the Preface of *Best's Insurance Reports®* or *Best's Key Rating Guide®*. Best's Ratings reflect our independent opinion, but are not a warranty of a company's financial strength and ability to meet its obligations to policyholders.

BEST'S RATINGS AND FINANCIAL PERFORMANCE RATINGS (FPR)

A.M. Best assigns to insurance companies one of two types of rating opinions, a Best's Rating (A++ to F) or a Financial Performance Rating (9 to 1). The Best's Rating represents an opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. The FPR represents an opinion based primarily on a quantitative evaluation of a company's financial strength and operating performance. Best's Ratings and FPRs provide an independent opinion of an insurance company's ability to meet its obligations to policyholders. For additional information, refer to the Preface.

Secure Best's Ratings

A++ and A+	Superior
A and A–	Excellent
B++ and B+	Very Good

Vulnerable Best's Ratings

B and B–	Fair
C++ and C+	Marginal
C and C–	Weak
D	Poor
E	Under Regulatory Supervision
F	In Liquidation
S	Rating Suspended

Secure FPR Ratings

FPR 9	Very Strong
FPR 8 and 7	Strong
FPR 6 and 5	Good

Vulnerable FPR Ratings

FPR 4	Fair
FPR 3	Marginal
FPR 2	Weak
FPR 1	Poor

RATING MODIFIERS

Rating Modifiers are assigned to Best's Ratings and Financial Performance Ratings to identify companies whose rating opinions are Under Review (u) and may be subject to near-term change; or are based on a Group (g), Pooling (p) or Reinsurance (r) affiliation with other insurers. For additional information, refer to the Preface.

g - Group	r - Reinsured
p - Pooled	u - Under Review

NOT RATED CATEGORIES (NR)

Companies not assigned a Best's Rating or FPR are assigned to one of five NR categories which identifies the primary reason a rating opinion was not assigned to the company. For additional information, refer to the Preface.

NR-1 Insufficient Data	NR-4 Company Request
NR-2 Insufficient Size and/or Operating Experience	NR-5 Not Formally Followed
NR-3 Rating Procedure Inapplicable	

FINANCIAL SIZE CATEGORIES (FSC)

Assigned to all companies and reflects their size based on their capital, surplus and conditional reserve funds in millions of U.S. dollars, using the scale below. For additional information, refer to the Preface.

FSC I	less than 1	FSC V	10 to 25	FSC IX	250 to 500	FSC XIII	1,250 to 1,500
FSC II	1 to 2	FSC VI	25 to 50	FSC X	500 to 750	FSC XIV	1,500 to 2,000
FSC III	2 to 5	FSC VII	50 to 100	FSC XI	750 to 1,000	FSC XV	greater than 2,000
FSC IV	5 to 10	FSC VIII	100 to 250	FSC XII	1,000 to 1,250		

How to obtain the latest Best's Ratings

- For the latest Best's Ratings and *Best's Company Reports* (which include Best's Ratings) visit the A.M. Best web site at **www.ambest.com**. You may also obtain *Best's Company Reports* by calling our Customer Service Department at 908-439-2200, ext. 5742. To expedite your request, please provide the company's identification number (AMB #).
- All rating actions are published in *Best's Rating Monitor* (our most timely and complete release of ratings). Selected rating changes and new ratings are published in *BestWeek®* (our weekly newsletter) and *Best's Review®* (our monthly magazine).

Version 040199

The Insurance Information Source
www.ambest.com

Standard & Poor's Insurer Financial Strength Rating Definitions

A Standard & Poor's Insurer Financial Strength Rating is a current opinion of the financial security characteristics of an insurance organization with respect to its ability to pay under its insurance policies and contracts in accordance with their terms. This opinion is not specific to any particular policy or contract, nor does it address the suitability of a particular policy or contract for a specific purpose or purchaser. Furthermore, the opinion does not take into account deductibles, surrender or cancellation penalties, timeliness of payment, nor the likelihood of the use of a defense such as fraud to deny claims. For organizations with cross-border or multinational operations, including those conducted by subsidiaries or branch offices, the ratings do not take into account potential that may exist for foreign exchange restrictions to prevent financial obligations from being met.

Insurer Financial Strength Ratings are based on information furnished by rated organizations or obtained by Standard & Poor's from other sources it considers reliable. Standard & Poor's does not perform an audit in connection with any rating and may on occasion rely on unaudited financial information. Ratings may be changed, suspended, or withdrawn as a result of changes in, or unavailability of such information or based on other circumstances.

Insurer Financial Strength Ratings do not refer to an organization's ability to meet nonpolicy (i.e. debt) obligations. Assignment of ratings to debt issued by insurers or to debt issues that are fully or partially supported by insurance policies, contracts, or guarantees is a separate process from the determination of Insurer Financial Strength Ratings, and follows procedures consistent with issue credit rating definitions and practices. Insurer Financial Strength Ratings are not a recommendation to purchase or discontinue any policy or contract issued by an insurer or to buy, hold, or sell any security issued by an insurer. A rating is not a guaranty of an insurer's financial strength or security.

Insurer Financial Strength Ratings

An insurer rated 'BBB' or higher is regarded as having financial security characteristics that outweigh any vulnerabilities, and is highly likely to have the ability to meet financial commitments.

AAA

An insurer rated 'AAA' has EXTREMELY STRONG financial security characteristics. 'AAA' is the highest Insurer Financial Strength Rating assigned by Standard & Poor's.

AA

An insurer rated 'AA' has VERY STRONG financial security characteristics, differing only slightly from those rated higher.

A

An insurer rated 'A' has STRONG financial security characteristics, but is somewhat more likely to be affected by adverse business conditions than are insurers with higher ratings.

BBB

An insurer rated 'BBB' has GOOD financial security characteristics, but is more likely to be affected by adverse business conditions than are higher rated insurers.

An insurer rated 'BB' or lower is regarded as having vulnerable characteristics that may outweigh its strengths. 'BB' indicates the least degree of vulnerability within the range; 'CC' the highest.

BB

An insurer rated 'BB' has MARGINAL financial security characteristics. Positive attributes exist, but adverse business conditions could lead to insufficient ability to meet financial commitments.

B

An insurer rated 'B' has WEAK financial security characteristics. Adverse business conditions will likely impair its ability to meet financial commitments.

CCC

An insurer rated 'CCC' has VERY WEAK financial security characteristics, and is dependent on favorable business conditions to meet financial commitments.

CC

An insurer rated 'CC' has EXTREMELY WEAK financial security characteristics and is likely not to meet some of its financial commitments.

R

An insurer rated 'R' has experienced a REGULATORY ACTION regarding solvency. The rating does not apply to insurers subject only to nonfinancial actions such as market conduct violations.

NR

An insurer designated 'NR' is NOT RATED, which implies no opinion about the insurer's financial security.

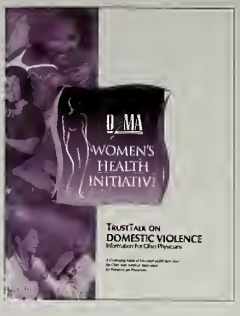
Plus (+) or minus (–) signs following ratings from 'AA' to 'CCC' show relative standing within the major rating categories.

CreditWatch highlights the potential direction of a rating, focusing on identifiable events and short-term trends that cause ratings to be placed under special surveillance by Standard & Poor's. The events may include mergers, recapitalizations, voter referenda, regulatory actions, or anticipated operating developments. Ratings appear on CreditWatch when such an event or a deviation from an expected trend occurs and additional information is needed to evaluate the rating. A listing, however, does not mean a rating change is inevitable, and whenever possible, a range of alternative ratings will be shown. CreditWatch is not intended to include all ratings under review, and rating changes may occur without the ratings having first appeared on CreditWatch. The "positive" designation means that a rating may be raised; "negative" means that a rating may be lowered; "developing" means that a rating may be raised, lowered or affirmed.

'pi' Ratings, denoted with a 'pi' subscript, are Insurer Financial Strength Ratings based on an analysis of published financial information and additional information in the public domain. They do not reflect in-depth meetings with an insurer's management nor do they incorporate material non-public information, and are therefore based on less comprehensive information than ratings without a 'pi' subscript. 'pi' ratings are reviewed annually based on a new year's financial statements, but may be reviewed on an interim basis if a major event that may affect an insurer's financial security occurs. 'pi' ratings are not modified with '+' or '–' designations, nor are they subject to potential CreditWatch listings.

National Scale Ratings, denoted with a prefix such as 'mx' (Mexico) or 'ra' (Argentina), assess an insurer's financial security relative to other insurers in its home market. For more information, refer to the separate definitions for national scale ratings.

Quantitative Ratings, denoted with a 'q' subscript, were discontinued in 1997. The ratings were based solely on quantitative analysis of publicly available financial data.



Women's health initiative

Shelters available

Domestic violence shelters in certain counties were not listed in the OSMA's *TrustTalk* handbook. Those shelters are presented here.

If you live in the following counties and you, or your patient, would like information on the domestic violence shelter in your area, you may refer to the following list. The county is followed by the name of the shelter or program, the city where it is located, and the phone number.

Athens
My Sister's Place
Athens
(800) 443-3402

Darke
Shelter from Violence, Inc.
Greenville
(937) 548-2020

Fairfield
The Lighthouse
Lancaster
(740) 687-4423

Hocking
My Sister's Place
Athens
(800) 443-3402

Knox
New Directions
Mt. Vernon
(740) 397-4357

Mahoning
Sojourner House
Youngstown
(330) 747-4040

Mercer
Family Crisis Network
Celina
(419) 586-1133

Miami
The Family Abuse Shelter of Miami County, Inc.
(937) 335-7148

Morgan
Transitions
Zanesville
(740) 454-3213

Pickaway
Haven House of Pickaway County
Circleville
(740) 477-9113

Pike
Pike County Partnership Against Domestic Violence
Waverly
(740) 947-1611

VanWert
Crisis Care Line
Van Wert
(419) 238-4357

Vinton
My Sister's Place
Athens
(800) 443-3402

Take Action

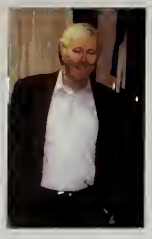
Copies of the handbook on domestic violence, *TrustTalk*, are still available. To order a copy, contact Robin Parker in the OSMA Division of Public Affairs, (800) 766-6762, Ext. 6744.

From the county files...

Retirees' learning circle

On the third Tuesday of each month, retired physicians come together at the Academy of Medicine of Toledo and Lucas County for education and support.

A new education-cum-support group is forming at the Academy of Medicine of Toledo and Lucas County. Spearheaded by Brian K. Bradford, MD, who had heard of a similar group attended by former Toledo physicians now retired in Sanibel, Florida, the group met for the first time June 8, drawing 26 of the academy's 250 retired fellows. Another 25 couldn't make it to the meeting but expressed interest in such a group, says executive director Lee F. Wealton. That interest has continued. Attendance at meetings averages between 20 and 30 – and it isn't always the same people, Wealton says.



Group founder... Brian K. Bradford, MD

Topics touch on medicine, but from a more social than educational perspective. Topics, so far, have included:

- "Practicing in the Australian Outback," by retired family physician Daniel R. Sullivan, MD, who spent six months in Australia through a global medical network;
- "Medicine in ancient Egypt," by retired pediatrician Mohamad El-Shafie, MD.

The speakers come from within the local ranks, Dr. Bradford says. "We had an informal discussion by a retired pediatrician at our first meeting who worked five years in Detroit in administrative medicine. What he told us about the economics of hospital medicine and medicine in general was absolutely fascinating."

As of yet, the group has neither a name nor a constitution. As it evolves, Dr. Bradford expects the audience to change – the meetings will likely be open to spouses. And topics too may change. "In Sanibel, one of their best talks was on the history of the Indians in that area," he says. "We're early in the game. We're not sure what direction to go."

Medicine in ancient Egypt... Mohammed El-Shafie, MD, fields questions from the group after his presentation.

Dr. Bradford would like group members to be able to support one another. Those who still drive, for example, might offer rides to those who don't. "We all expressed the thought that we would like to know if somebody might need help. Most physicians are very much afraid to ask for help."

The group also could become a clearinghouse for community volunteers, Dr. Bradford says. But physicians first need information on how long to retain their licenses and what they can and can't do as retirees. "I had trouble finding out about malpractice," he says. "I found out as long as I'm not being paid for it and I'm doing it for a charitable organization, somehow I'm covered. But nobody's ever bothered to explain that to me."

Group members could get involved with the academy's speakers bureau, Dr. Bradford says. "Sometimes the retired physicians have a little different perspective. They're not worried about offending patients or getting patients or what have you. They can say it like it is." – *Jan Leibovitz Alloy*

Take Action

For more information about forming an education/support group of retired physicians, contact Brian K. Bradford, MD, (419) 536-3439, or Lee F. Wealton, executive director, Toledo Academy of Medicine, (419) 473-3200.

Toledo physician...The support group draws between 20 and 30 retirees at each meeting.

Practice Tips

Looking for work?

Recruitment specialists offer job searchers a variety of tangible and intangible benefits.

Whether you're a resident or more seasoned physician, changing employment represents a major, long-term commitment and, usually, a time-intensive process.

From whipping your curriculum vitae into shape and deciding on your search parameters through researching opportunities, attending and assessing interviews, and negotiating a contract, you will probably benefit from the counsel and experience of a specialist – someone who manages this process as many times in one day as you might in a lifetime.

Recruitment specialists can be found in several settings. All recruiters carry tremendous responsibility, since the performance, reputation and culture of medical organizations depends on the capabilities, tenure and mix of their physicians.

In-house vs. outside

Increasingly, hospitals, HMOs and specialty groups are hiring in-house recruiters. While an in-house person would be especially aware of search-criteria subtleties and community features, the financial savings can be considerable, since a recruiting firm might earn $20,000 for one primary-care physician match.

The other option is outside recruiters, who are independent consultants paid by the hiring organization (never by the physician-candidate). When interviewing prospective recruiters, you will want to know whether they are paid by retainer or on contingency. Those who are paid on retainer receive an advance sum by the hiring firm to find the best candidates. Those recruiters who are paid on contingency are paid only when one of the candidates that they first presented is hired. While their method of reimbursement may vary, a good recruiter will take a long-term view of satisfying their client-firm, and not waste anyone's time by setting up inappropriate matches to easily create the appearance of account activity.

Dispelling false expectations... Recruitment specialists can help you assess an interview and your prospects of employment at certain companies so you don't waste your time waiting for an offer that may never come. Instead, they'll guide you to places where your skills and talent are just what a company is looking for.

Keep records

So, it's important that you keep good records about prospects and are completely honest with every recruiter you work with about which medical firms you have considered or have had contact with across the entire course of your search. This communication will prevent disagreements later about who first introduced your qualifications to your new employer, which would determine who, if anyone, earned a contingency fee. All expenses for the candidate-physician, except for your time and copying costs, are paid by the prospective employers you are interviewing with.

Open communication about your search history, such as which employers you considered and why you didn't further pursue employment with them, will also provide guidance to recruiters about your preferences. Since the physician does not "hire" a search firm, changing firms is relatively easy,

continued on page 18

What recruiters want to know

Experienced recruiters will want to know more than the "facts" about you. They'll ask for your:

- Education and training;
- Certification and licensure status;
- Available-date;
- Your career objectives;
- Your strengths;
- Areas that need improving;
- The types of patients, cases and practices you would want to be involved with on a daily basis;
- Your geographic preferences; and
- Your or your family's social, recreational and cultural needs.

What recruiters can offer

The tangible benefit, of course, is a job that's perfect for you, but these intangible benefits can be invaluable as well:

- Providing background on the prospective employer;
- Orchestrating the multiple-interview process;
- Making travel arrangements;
- Gaining post-interview feedback from the employer, and debriefing you;
- Extending an offer to you on behalf of their client and helping you understand the offer; and
- Finalizing the contract.

E-mail etiquette

Electronic mail can be a good way to communicate with patients...as long as you lay a few ground rules first.

The American Medical Informatics Association has published guidelines on using e-mail with patients.

High on the list is the suggestion to discuss privacy issues. The patient needs to know which members of the office staff have access to e-mail messages, both during business hours and when you are out of the office. And it might not be a bad idea to get the patient's informed consent for e-mail use. Let the patient know who else might see the messages and why.

Be sure to use encryption software. That's the best way to ensure privacy for privileged communication, says Carol Stovsky, an attorney with Standley & Gilcrest in Dublin. "In general, the privilege (of privacy) is waived if for any reason the communication is shared with a third party, even if it happens to be shared accidentally, for example, by somebody else overhearing it. You want to be sure the communication occurs in private."

And remember, e-mail is not for emergencies. There's no way of knowing when the person at the other end will pick it up. But it can provide patients with a better way of contacting your office than does snaking through the seemingly endless branching of a complicated voice-mail system.

Other suggestions for using e-mail in your practice:

• **Have patients put their names in the body of the message and categorize their questions in the message line.** Are they calling for a renewal on a prescription? To set an appointment

continued on next page

E-mail etiquette...

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or discuss their bill? To ask for advice?

• **Use discreet subject headers in outgoing messages.** A patient's computer may be in an open space, visible to co-workers. A subject line that announces the patient's condition is inappropriate.

• **Archive e-mail messages in the patient's file.** Print out a complete copy of every e-mail message sent to and received by that patient, and attach it to the patient's file.

• **At home, keep the family's e-mail accounts separate from your professional account.**

• **Maintain a list of patients who communicate with your office electronically.** Do not, however, send group e-mails to patients, even about something as innocuous as closing the office for a holiday. The fact that a patient sees a particular physician is privileged information.

• **Establish rules for the types of topics the office will discuss via e-mail.** "I think most doctors would be concerned about communicating specific medical advice via e-mail," Stovsky says, "unless it was a patient with whom they had an established relationship. Maybe that patient's on vacation and he writes to send in a message and say, what should I do about this particular situation? I don't think many doctors would be particularly comfortable with making initial consultations over e-mail." – *Jan Leibovitz Alloy*

Take Action

For more information, visit the American Medical Informatics Association Web site, http://www.amia.org/pubs/pospoper/positio2.htm. Or you may contact, Carol Stovsky, Standley & Gilcrest, (614) 792-5555, or your own attorney.

Third party update

Aetna will pay for new Pap test... Calling the latest studies "convincing," Aetna will now pay for the ThinPrep PapTest, which the government said is more effective than the regular Pap test at detecting early signs of cervical cancer. In addition, Aetna has also said it will cover a similar test, PREP, made by AutoCyte, and an automated Pap test in which a computer, rather than a lab technician, scans Pap smear slides. The ThinPrep test typically costs $25 to $30 per test, compared with $7 to $10 for a conventional Pap test. The only major insurer not to cover the new Pap tests, now, is Kaiser Permanente, which, at press time, was looking into changing its policy.

Summa, Cigna sign contract... Summa Health System and CIGNA HealthCare of Ohio have announced a new, multi-year relationship, effective Dec. 1, 1999. With this three-year contract, CIGNA members now have access to health-care services provided by Summa Health System. The new partnership with CIGNA is through an association with Akron City Health System, Summa's physician-hospital organization. Under the terms of the agreement, CIGNA members in Summit and surrounding counties will have access to more than 600 participating hospital physicians, and Summa's Akron City and St. Thomas hospitals. The contract covers CIGNA's HMO and PPO members.

Nationwide Health hopes to prevent repetitive treatments with new program... Nationwide Health Plans has licensed a new $1 million software program that will allow it to identify high-risk patients, and to provide them with follow-up care. Once a patient has been identified, a nurse will contact the patient to make sure that treatment is being followed. The nurse will also answer any questions and advise the patient on the best way to stay healthy. The idea is to avoid the patient needing more expensive, or repeat treatment down the road. Nationwide officials hope to identify 1,000 additional at-risk individuals by the end of next year.

Recruitment... continued from page 15

if you do not feel comfortable or satisfied with them.

While a recruiter may not be able to share the name of the prospective employer with you up front by agreement with the client, he or she will be able to describe the position, the organization and the opportunity.

Explore options

Particularly if your life-decisions, to this point, have been dictated by schooling/training choices, a recruiter who has worked with many different combinations of medical-employment criteria can help you vicariously explore your options. Because of the magnitude of your career decision and the value of your time, communication, comfort and trust with your recruiter are essential.

After assessing your position and goals, the recruiter should re-evaluate your curriculum vitae, or resume (if you're seeking a medical management position). For instance, the addition of dynamic action verbs that truly reflect your capabilities and are appropriate to your career goals will strengthen this essential marketing tool. And proofreading by such an adviser who hasn't seen your materials before often can result in improvements.

A recruiter who specializes in the medical field will be able to share with you market conditions that may affect your decisions and prospects. They will also have established relationships within a recruiter-network that should work for you, especially if you're seeking employment outside of the geographic area you're most familiar with. If you have a non-negotiable compelling reason for living in only one community, or your specialty is rare, your employment options become extremely limited, which may tempt you to conduct your own search.

Do-it-yourselfers

Before you take on that role, you will want to seek the counsel of your current employer's in-house physician recruiting or human resources department, and your professional associations. Their networks and resources, from compensation-package and cost-of-living surveys through job listings and personal contacts, will advance your knowledge and search process.

However, your current employer's in-house resources (unless they're considering you for another position within their system) will probably not provide you with the on-going counsel that a recruiter will.

Even though the recruiter has longer-term incentive to create a win/win placement now, remember that you are not the recruiter's client. Therefore, you will want to retain your own attorney to review any offer and contract before finalizing the agreement that will determine much more than just who your next employer will be. – *Carol Larimer*

Next month, learn how to find jobs on the Internet.

Malpractice rates 2000

Up or down? One report says they'll hold steady, but all good things must come to an end.

In its annual study of malpractice insurance rates, the Chicago-based publication *Medical Liability Monitor* (*MLM*), said 1999 rates held steady, and predicted that 2000 rates would do the same. But there are faint signs that the market will harden in the next year or two, and malpractice rates may climb as a result.

"What was revealed," says the report, "was that at least 14 companies in 11 states were taking a harder look at some of their risks and making upward, but sometimes downward, adjustments for certain specialties in certain territories. In last year's survey, 11 companies in nine states did so."

Medical malpractice companies that responded to the *MLM* survey report agree that the market is hardening – but gradually. The spokesperson for the Mutual Insurance Corporation of America, for example, said "We believe net rates in most markets have bottomed out. Rates will generally increase for most specialties in the next couple of years."

MAG Mutual's respondent concurred, saying he expects a market firming over the next couple of years with "perhaps modest, single-digit increases by some carriers."

The 1999 story

Meanwhile, last year, liability rates for two of the three specialties *MLM* has tracked for almost a decade were raised. **Internists** were the specialists whose rates were most often raised, and **general surgeons** in 20 states insured by one of 15 companies also received price increases in 1999. Still, nine companies writing in 12 states reduced rates for these specialists.

Ob-gyns, the third specialty group tracked by *MLM*, most often received a price break. Ten carriers in 17 states reduced their rates while 13 companies

continued on page 21

Your practice guide

How UHC's "Care Coordination" system will work

United HealthCore said it is placing health-core decisians back into the hands of physicians. But will UHC drop physicians who don't make the right kind of decisions?

Walter Wielkiewicz, MD, OSMA President Elect, met recently with officials of United HealthCare (UHC) about its announcement that it would no longer require pre-approval for medical treatments and services.

Exceptions to "no advance approval"

According to Owen Johnson, MD, medical director for UHC, under the new "Care Coordination" system, UHC would no longer require advance approval for most medical treatments. The exceptions to this policy are:

- hospital admissions;
- out-of-network services;
- home health-care services;
- durable medical equipment (any single item greater than $1,000);
- upper lid blepharoplasty;
- breast reduction and reconstruction;
- vein stripping, ligation and schlerotherapy;
- accidental dental services; and
- end-stage renal disease.

UHC's decision, which other insurers are expected to adopt, was received favorably by the news media. However, during the joint OSMA-UHC meeting, Dr. Wielkiewicz raised the concern that many Ohio physicians have expressed: Will UHC use the retrospective review process to eliminate large numbers of physicians from its provider panel?

Walter Wielkiewicz, MD

Owen Johnson, MD

Outliers must justify patterns

Dr. Johnson indicated that it is not UHC's intent to do so since it prides itself on its large provider panel. He said that physicians who are consistently identified as "outliers" in the profile UHC develops for each participating provider will be contacted by UHC and asked to either justify the outlier status or change his or her practice patterns. Dr. Johnson emphasized that UHC recognizes that there could be good, justifiable reasons for a physician's practice profile to differ from his or her peers. But the cause needs to be identified, he stressed.

Dr. Wielkiewicz said physicians should keep in mind that UHC will continue to look at the economics of each provider. "They will determine how much each physician is costing them, compare them to their peers, and, if they are an outlier, UHC will work with them. Then, if there is no cooperation from the doctor to address the problem, I think we will find that UHC just won't renew the physician's contract."

Read your contract

Dr. Wielkiewicz advises physicians that, under this new "Care Coordination" policy, it is more important than ever for physicians to read their UHC contract so they understand the standards to which they will be held, and that, when they receive their UHC profile, they review it carefully. If they have concerns about either item, they should contact UHC. ■

Take Action

If you would like a copy of an informational packet UHC has developed on this new policy, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #5-00. Next month, *Ohio Medicine* will feature a more in-depth look at this issue.

Practice tips

Medicare/Medicaid reimbursement problems?... If your office is experiencing problems with Medicare and/or Medicaid reimbursement – such as Medicare/Medicaid crossover claims and/or Medicare/Medicaid claims processing and reimbursement – let the OSMA Ombudsman Department know. The department is now meeting with Medicaid on a monthly basis to discuss any reimbursement problems. The OSMA Ombudsman Department would be able to take the issue directly to the appropriate Medicaid staff member. The Ombudsman staff also meets with Medicare representatives to discuss any problems providers may be having. If you are experiencing a problem, contact Jennifer Hyle, OSMA Ombudsman Department, (800) 766-6762, Ext. 6757.

Almost 80% of your dues are deductible... There are limits to what you are able to deduct from your income taxes, as far as most associations and membership dues are concerned. But a large percentage of your dues for organized medicine are deductible as a business expense. Since 21% of your OSMA dues and 29% of your AMA dues are dedicated to legislative activities, you are able to deduct 79% of your OSMA dues and 71% of your AMA dues for federal income tax purposes. And here's a bonus. County dues are 100% deductible as a business expense.

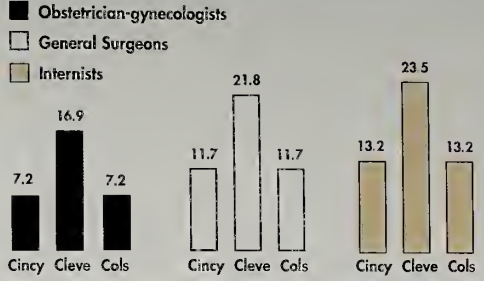
Malpractice rates... continued from page 19

in 16 states raised them.

When rate increases were imposed, they were higher for internists than they were in both 1997 and 1998, and higher than the rate increases for general surgeons and ob-gyns. The 1999 average increase for internists was +13.1% compared to +9.8% in 1998. General surgeons received average rate hikes of +10.1%. Ob-gyns received an average +9.5% rate increases in 1999, but when their rates were reduced, they went down an average of 11.4%.

Take Action

If you are on internist, general surgeon or ob-gyn and would like to have the Ohio-specific 1999 *Medical Liability Monitor* rate survey results so you can compare your malpractice premium to the average in different parts of the state, contact the *Ohio Medicine* reader response line, and ask for item #2-00. Members in other specialties may also order a copy if they wish.



1999 rate hikes... Internists, general surgeons and ob-gyns insured by Kentucky Medical Insurance Company saw their rates increase in 1999. To find out average Ohio rates for these three specialties, as well as results from other carriers, see **"Take Action"** following the story.

Medicare address book

Correspondence and claims to Nationwide-Medicare should be mailed to the following addresses:

Type:	P.O. box #:	Zip code:
General correspondence	57	43216-0057
Regular claims	57	43216-0057
Reviews	57	43216-0057
Specialty claims		
Anesthesia	16587	43216-6587
Ambulance	16619	43216-6619
Ambulance CRD	182405	43218-2405
Ambulatory surgical centers	182024	43218-2024
Chemotherapy	182406	43218-2406
Chiropractic	16715	43216-6715
Chronic renal disease	182197	43218-2197
Cleveland Clinic	919	43216-0919
Deceased beneficiary	1621	43216-1621
Dental/ oral maxillofacial	16684	43216-6684
Heart transplant claims	182316	43218-2316

Type:	P.O. box #:	Zip code:
Hospice	16715	43216-6715
Medicare secondary payer (MSP) claims	16582	43216-6582
Physician assistants	182140	43218-2140
Podiatry	16620	43216-6620
Psychiatry	182096	43218-2096
Radiology	16683	43216-6683
Responses to our request for info.	2685	43216-2684
Surgery claims with operative reports	182060	43218-2060
Other correspondence		
Disclosure/freedom of information	182195	43218-2195
Overpayments/ refunds	16621	43216-6621

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Colleagues

Newsmakers

JACK L. GLUCKMAN, MD, Cincinnati, was elected president of the American Academy of Otolaryngology-Head and Neck Surgery, a professional organization for the nation's ear, nose and throat specialists. Dr. Gluckman, chair of the otolaryngology department at the University of Cincinnati Medical Center, will serve a one-year term.

TIBOR J. GREENWALT, MD, Cincinnati, research director at Hoxworth Blood Center, was named the first lifetime honorary member of the International Society of Thrombosis and Hemostasis.

JAMES HOEKSTRA, MD, Columbus, has been appointed Associate Dean for Clinical Education and Community Affairs at the Ohio State University College of Medicine.

SIDNEY PEERLESS, MD, Cincinnati, who has practiced otolaryngology and plastic surgery in Cincinnati for 54 years, received the 1999 Community Service Award of the American Jewish Committee. It was presented in a ceremony held at the Losantiville Country Club in Pleasant Ridge.

Portrait

Many mentally ill potients fell through the crocks following deinstitutionalizotion. Cincinnoti psychiotrist Melvyn Nizny, MD, serves os o liaison between the police ond those who are still in need of core.

Flor Melvyn Nizny, MD, work in psychiatry has ranged from emergency departments and outpatient care, including a year of service in Vietnam, to occupational psychiatry. Yet much of his time is spent helping those who might otherwise never receive proper treatment.

Melvyn Nizny MD

With the arrival of anti-psychotic medication in the 1950s, states began to deinstitutionalize mentally ill patients. "With deinstitutionalization, people were being released with good intention, but they would fall through the cracks, wouldn't follow through on treatment or the treatment they were receiving was inadequate, causing some to become homeless, while others became involved in criminal activity," says Dr. Nizny.

In the 1980s, when the Hamilton County jail was sued for inhumane conditions, Dr. Nizny examined 300 inmates. Of those, 50 were severely mentally ill, and a dozen needed hospital care. In 1982, he presented his findings to the AMA's Correctional Care Symposium in Chicago, stating, "What has happened with deinstitutionalization is that the jail has become the new mental health wing."

Two years ago, the state of Florida initiated a mental health court to hear cases involving minor crimes committed by the mentally ill. With the court's success in helping them receive psychiatric attention, Dr. Nizny hopes to start such a court in Ohio. "The mission of the mental health court is to balance the needs of the defendant with that of the community," he says.

When a local psychiatric hospital patient went AWOL, and was shot and killed by police, public outcry resulted in the formation of the Law Enforcement/Mental Health/Substance Abuse Committee. As a founding member, Dr. Nizny says the committee was faced with answering the question, "How do we present confrontations between the police and the mentally ill on the street?" Police training was changed to incorporate mental illness education, and a hot line was established between the police department and local psychiatric hospitals. Their goal is to see those in need of psychiatric attention directed toward care.

Yet, for many, the problem isn't crime. It's their insurance. "People with mental illnesses are getting shortchanged by managed care," says Dr. Nizny. While existing data documents improvement rates for individuals treated for mental illness as greater than those treated for physical illnesses like breast cancer, managed-care companies frequently deny claims for mental illness treatments, claiming lack of proof of effectiveness.

As president of the Ohio Psychiatric Association, Dr. Nizny's goal is to educate the media and the public about mental illnesses and the choices for treatment. Via e-mail and the Internet, he hopes to disseminate positive and accurate information regarding psychiatry. "Many people don't know the difference between a psychiatrist and a psychologist," states Dr. Nizny. With psychologists now seeking to prescribe medication, he feels the public should realize the difference in order to make informed health-care choices. – *Pam Willits*

Obituaries

JAMES J. ARBAUGH, MD, St. Clairsville, OH, University of Cincinnati, College of Medicine, Cincinnati, 1934; age 89; died Nov. 12, 1999.

CHARLES S. BLASE, MD, Cincinnati, University of Cincinnati, College of Medicine, Cincinnati, 1941; age 86; died Nov. 15, 1999.

ROBERT A. EVERHART, MD, Columbus, OH, Ohio State University, College of Medicine, Columbus, 1939; age 84; died Nov. 27, 1999.

RICHARD M. DUDA, DO, Sylvania, OH, Chicago College of Osteopathy, Chicago, 1967; age 57; died Nov. 15, 1999.

WILLIAM JASPER, MD, Medina, OH George Washington University, School of Medicine, Washington D.C., 1944; age 80; died Oct. 22, 1999.

GEORGE H. LEMON, MD, Issaquak, WA, Ohio State University, College of Medicine, Columbus, OH, 1939; age 92; died Nov. 6, 1999.

THOMAS D. STEVENSON, MD, Delaware, OH, Ohio State University, College of Medicine, Columbus, OH, 1948; age 75; died Nov. 2, 1999.

OLIVER E. TODD, MD, Toledo, OH University of Michigan, Medical School, Ann Arbor, MI, 1934; age 90; died Dec. 1, 1999.

ANTHONY V. TRAMUTA, MD, Hilliard, OH, Facolta di Medicina e Chirugia dell' Universita di Bologna, Bologna Italy, 1958; age 70; died Nov. 12, 1999.

JOHN B. WERNING, MD, Canfield, OH, University of Pittsburgh, School of Medicine, Pittsburgh, PA, 1960; age 65; died Nov. 29, 1999.

STEPHEN ZELLING, MD, Middletown, OH, Medische Faculteit Rijksuniversiteit te Leiden, Netherlands, 1962; age 71; died Nov. 10, 1999.

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A Publication of the Ohio State Medical Association

Ohio Medicine

February 2000

3

Is medicine losing its political power? OMPAC contributions are dwindling, yet each year, more and more health-care bills are introduced at the Statehouse. How much impact can medicine have without the clout to play in the game?

6

Hardball medicine is what this group of women residents, now young physicians, discuss when they gather together to discuss how to play by men's rules.

15

What's the downside of UnitedHealthcare's recent decision to turn decision-making back to physicians? For one thing, you are now going to have to be more vigilant in preparing reports.

16

Doctors may be the best line of defense when it comes to preventing suicide. But how do you recognize potential victims? You look for danger signs, and ask your patient questions.

20

What would happen if you gave patients a money-back, satisfaction guarantee? It's not impossible. Group Health Associates did it, and came out winners in the eyes of their patients.

Prompt-payment study indicates need for reforms

Recognizing the ineffectiveness of Ohio's prompt-pay law, the OSMA is crafting a comprehensive approach to the problem.

Ohio's prompt-payment law doesn't work. In the 12 years since the law took effect, physicians and other providers have become increasingly frustrated over their inability to collect reimbursement within 24 calendar days, as the law stipulates. Evidence to back up insurers' disregard for the law, however, had been only anecdotal until a recent OSMA study confirmed the law's lack of teeth. "Doctors were asked to prove that they are not paid in a timely manner. This study confirms what individual practices have been telling the Ohio Department of Insurance, and the legislators. There are a lot of claims that are not being paid on time, and no one is doing anything about it."

By 1988, managed care had been growing in Ohio for about eight years. So had the administrative burden associated with getting claims paid. That year, the Ohio Legislature created ORC Sec. 3901.38, which says insurance companies must pay completed claims within 24 calendar days of receiving them unless they specifically contract with providers for a different time period. It's up to the Ohio Department of Insurance (ODI) to monitor compliance.

But the ODI has no systematic mechanisms either to address provider complaints or to comprehensively assess insurance companies' compliance. With no hope for a meaningful and fair investigation of the claims

Continued on page 8

OSMA's 4-step approach

The OSMA has developed a comprehensive approach to addressing the issues raised by the study:

Legislative reform

- New time standards for payment, different for electronic and paper claims;
- Clearer definitions of a clean claim and receipt of a claim;
- Automatic interest payments on claims not paid on time;
- Prohibiting insurers to go back more than one year to retrieve money already paid on a claim;
- Applicability of the law to all insurance companies.

Regulatory reform

The OSMA is working with the ODI to develop an audit process for claims payment and create a more clearly defined system to link individual complaints to the overall market conduct of an insurance company.

Payer education

The OSMA will continue to work with individual insurance companies to address problems that arise in their claims payment process.

Member education

The OSMA will work with members to develop educational material to help members review the claims payment provisions in contracts.

Privacy rule: Who's affected

Under the federal government's new rule, electronic health-care information would be protected from indiscriminate disclosure.

The comment period on the federal government's proposed rule establishing privacy standards for medical information ends this month on Feb. 17. What does the rule mean for you?

The answer depends on what form the final rule will take, but based on the current proposal, the rule covers providers who transmit health information electronically. If you still work in an office that files paper claims, you are not subject to these privacy standards. In short, the new rule will guard who has access to patient records, and the kind of information that can be released.

If approved, the protections would start the minute that information becomes electronic. The patient would have to give written authorization to anyone wanting to use his or

her health information unless it were for purposes of treatment, payment, health-care operations, "national priori-

Continued on page 13

OSMA
3401 Mill Run Drive
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Bills, Laws & Rules

Is medicine losing its political power?

With PAC contributions slowing and the profession's focus diffusing as specialty societies grow, what kind of impact can medicine *really* have at the Statehouse?

When groups of like-minded people form together to have a more active role in the political process, they can become the driving force known as a political action committee (PAC). According to Herb Asher, professor emeritus of political science at The Ohio State University, these PACs come in all sorts and sizes, raising money on a voluntary basis to back the legislative candidacy of persons who fundamentally support the PAC's initiatives.

The Ohio Medical Political Action Committee — OMPAC — is such an organization. But in 1998, OMPAC, which is an affiliate PAC of the OSMA, raised only about $160,000. That's roughly 10% participation from eligible physicians. Tim Maglione, who heads the OSMA's department of legislation says, "It's as important now as ever that physicians contribute to our PAC."

Many industries now support PACs and the PAC process is an element of campaign finance reform — strictly controlled by limit, laws and regulations, Maglione adds.

"PACs represent individuals," says Rep. David Goodman (R-Columbus). "A larger PAC is simply more individuals. The larger they are, the louder they speak."

PACS are a voice

"People have more cynicism than they should about PACs," says Rep. Goodman. "Legislators have to look out for the best interest of their constituents. Lobbyists represent a perspective of an organization…and they function to educate the legislator by laying out an issue and selling it."

"Rather than scrounge for extra bucks, give to OMPAC and get some clout. If you don't pay, then you can't complain."
—Brett Coldiron, MD

Strong PACs have interested and concerned people behind them, he says. From a legislator's point of view, Rep. Goodman says, PACs "are not financial support alone, but rather a strong voice interested enough in an issue to speak up on it." His job as a legislator is to be interested enough to listen.

Like many physicians who are active in organized medicine and OMPAC, David Packo, MD, Akron, is also participating as president of the Ohio chapter of the American College of Emergency Physician's PAC. "Legislators don't know a lot about medicine," he says, "but they are open to learn. We, as physicians, give as much as many other organizations …and should." Brett Coldiron, MD, Cincinnati, is president of a specialty society, the Ohio Dermatology Association. In addition to making financial contributions to PACs — specialty, state and national, he is one of many advocates for getting to know the legislators on a personal basis so that they will be interested in medicine's issues.

Rep. Jim Buchy (R-Greenville) actively seeks out the opinions of physicians within his district. "Physicians are a-political as a group because of the demands of their practices," he says. "Government has given doctors fits, so the more (feedback) I can get from them out in the trenches, the better I can get involved in their issues." Rep. Buchy has enjoyed "strong support" from organized medicine and views OSMA and OMPAC as the spokespersons for the opinions from one significant part of his constituency. He says that when he chaired a subcommittee working on the tort-reform bill, he had weekly meetings with the OSMA legislative team to help him understand the workings of the bill.

The ability of a PAC to raise political money has a direct impact on who will be deciding important issues at the Statehouse, Maglione says. For example, the trial lawyers want to stop tort reform from passing; OSMA backs tort reform. PAC contributions can correlate to the depth an organization's energies can be directed toward issues it sees as important.

Global vs. narrow issues

With the proliferation of PACs, including specialty medical PACs, the clout of organized medicine can be diffused. However, if OMPAC confronts issues that affect all physicians, like tort reform, then the specialty PACs can focus on more specialty-specific issues, like ophthalmologists contesting optometrists' right to do laser surgery. Asher comments that, "some PACs with common roots will bundle contributions to give a larger contribution than any one has as an individual entity." This is particularly important when working on controversial issues.

Buchy points out that in the Ohio House in 2001, 80 of the 99 representatives will have no more than four years of service. "With term limits, the effect of OMPAC will be to assure that candidates are objective and support medicine. New faces will magnify the importance of (organized) medicine working with the legislators and the PAC process is a major piece on how to educate them."

Reliable informants

While PACs provide funding that is a necessity to a successful candidate, Rep. Buchy says that he "makes decisions on the merits of the issues, not the size of the check. The primary issue is the personal relationships (with PAC representatives) so that when the chips are down, they are the people who can provide information in a reliable way. In that sense, money becomes a secondary issue."

Dr. Coldiron voiced a strong concern for primary care physicians, whom he says are "taking it on the chin" and are at great risk, both financially and in terms of their integrity, as they battle for their livelihood with HMOs. His remedy: get involved. "Rather than scrounge for extra bucks, give to OMPAC and get some clout," he advises. "If you don't pay, then you can't complain."

Display of unity

"A PAC is one way to support political action," says Asher. "It involves grass roots effort and key contacts. It also is a way to show unity." He says, "PACs that have a higher proportion of their members financially supporting the PAC and generally supporting the activities of the group will be more effective." ■

— Yvonne H. Burry

Take Action

To get involved in the legislative process and contribute to OMPAC, contact Krista Bistline at the OSMA Department of Legislation, (800) 766-6762, Ext. 6748.

Bills, Laws & Rules

Medical Board Report

Committee makes recommendations regarding pain rules

The board's pain advisory committee recommends reconsidering the second opinion mandate, and wants to put *PAIN: The Fifth Vital Sign* on the board's Web site.

Following a review of the rules promulgated by the board as a result of the pain legislation of several years ago, the Pain Advisory Committee of the State Medical Board of Ohio recently made the following recommendations:

1. The board should reconsider the requirement for a second opinion. According to the committee, there appears to be some confusion with this issue, and it is creating problems. The committee will pursue this matter further, drawing information from a broader base to determine the extent of the problem and whether or not some kind of legislative change is required.
2. The committee may suggest that the board develop a position paper addressing suggested dosage ranges for treatment of intractable pain. The committee noted that physicians still seem to be concerned that they will be targeted by the board when using pain medications. The board responded, however, that it believes the problem would only be exacerbated if it recommended guidelines on reasonable dosage amounts. The committee will re-examine the process to see if it can arrive at another possible solution.
3. The committee's third recommendation calls for the board to explore the feasibility of adding the OSMA's educational handbook *PAIN: The Fifth Vital Sign* to the board's Web site. This would allow physicians to obtain CME credits through the Internet. The board pointed out, however, that if the handbook were to be placed on the board's site, it would be validating it — which the board had elected, originally, not to do; and the board would need OSMA's approval. The committee intends to pursue this with the OSMA.

Interim fees considered... For the sake of fairness, the board is considering charging a registration fee for the interim period that exists from the point at which a physician receives an initial license until the first renewal. Because of the board's recently implemented staggered license renewal schedule, some physicians are able to go for up to two years without paying a fee, while others find themselves paying a renewal fee after only three months. The board's administrative staff will conduct further research on this matter and bring proposed rules or legislation to the board for its consideration. ■

Privacy, please

What the law says about AIDS disclosure.

According to Ohio law, revealing the identity of a person tested for HIV or diagnosed with AIDS is prohibited. However, there are some exceptions.

Not everyone is privy to the identity of an AIDS patient — nor should they be. If you acquire knowledge of the identity of an individual who was tested for HIV, or diagnosed with AIDS or an AIDS-related condition, Ohio law says you may not disclose the identity of the individual. However, there are several statutory exceptions to this confidentiality provision.

The exceptions are:

- The individual who was tested, his legal guardian, his spouse or any sexual partner.
- A person to whom disclosure is authorized by a written release, executed by the individual tested. It must specify to whom disclosure is authorized, and the time period during which the release is to be effective.
- The individual's physician.
- The department of health, or a health commissioner to which reports are made.
- An organ procurement agency.

- Hospital committees, accreditation or oversight review organizations that are conducting program monitoring, program evaluations or service reviews.
- A health-care provider, emergency medical services worker, or peace officer who sustained a significant exposure to the body fluids of an individual who has been tested for AIDS. In this case, only the results of the test should be given, and not the identity of the individual tested.
- Law enforcement authorities, pursuant to a search warrant or a subpoena issued by or at the request of a grand jury, a prosecuting attorney, or similar chief legal officer, in connection with a criminal investigation or prosecution.
- A health-care provider, if the provider has a medical need to know the information and is participating in the diagnosis, care or treatment of the individual on whom the test was performed, or who has been diagnosed with AIDS.
- A federal, state or local government agency for the purposes of the medical assistance program, the Medicare program, or any other public assistance program.

In all other cases, the identity of the patient should be kept strictly confidential. ■

Take Action

For more information about AIDS disclosure, order a copy of the legal fact sheet on this topic. Contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #3-00. Or you may visit the OSMA Web site, www.osma.org and print the fact sheet from there.

Indepth Report

Hardball medicine: Women play by men's rules

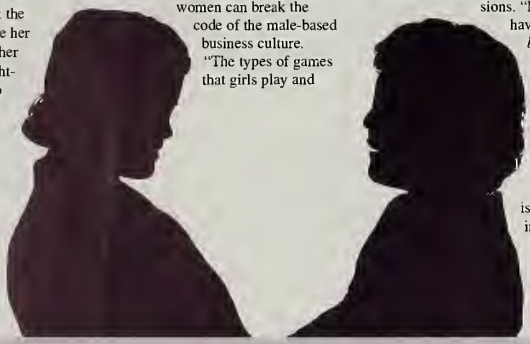
A group of 15 women began meeting as residents and continue to support each other as they learn to navigate a world that's primarily male.

Until she co-founded the Women's Forum, Emily J. Zaragoza Lao, MD, didn't believe in support groups. The very term turned her off. "It made it sound like we had something bad we were doing and we needed support for it." But the forum has allowed her to share her experiences as a working mother and the only woman in an eight-member family practice group in Toledo.

The Women's Forum stemmed from the family practice residency program at the Medical College of Ohio. The group tried out a number of formats — potluck dinners, various activities with and without group members' children — and finally settled on evening meetings every two to three months, with dinner followed by a book discussion. The group is sponsored by pharmaceutical representatives with an interest in women's issues.

Breaking the code

Since the forum began last year, programs have centered around *Hardball for Women,* by Pat Heim and Susan K. Golant, an exploration of how women can break the code of the male-based business culture. "The types of games that girls play and the relationships that they learn to form even in childhood are not necessarily helpful when you get in the business world or the professional world, where men predominate," says Vanessa Boyce, MD. Dr. Boyce recalls going into staff meetings prepared to talk about issues on the agenda only to find that the decisions had already been made. "The meeting is not the meeting," she realized during the *Hardball* discussions. "Men tend to have meetings *before* the meeting, to shore up support and find out where everyone is."



Medicine is still predominantly male, Dr. Boyce continues. "Our experiences as we go through med school and residency and even afterward are very different than our male classmates or male peers. When you talk to them, you realize they don't have the same issues as we have. Some of that is in expectations of us by the other physicians, and some of that is because most of us have more responsibilities in the home."

As group discussions veer from the assigned reading to related topics, it's enlightening to hear the perspective of more seasoned physicians, says Elizabeth Horrigan, MD. "It was nice to develop that relationship to the point where you can call them and get information or ask questions or have that sort of mentoring relationship that I might not otherwise have."

Safety net in place

The structure of the forum provides a safety net for women to discuss uncomfortable issues, Dr. Zaragoza says. "A lot of stuff started to come out that I didn't realize would. It bordered on some sexual harassment issues. It bordered on some abuse issues that some of the women residents were experiencing within their groups. They were able to share it within the context we were talking about, but they wouldn't have been able to share it outside or come to someone."

It's that level of trust, not necessarily the book format, that makes the group work, Dr. Horrigan says. With a small group — the mailing list currently is about 15 — everyone has a chance to participate. The setting is informal, and everyone maintains confidentiality. ■

— Jan Leibovitz Alloy

Take Action

For more information about forming a women's support group, contact Vanessa Boyce, MD, (419) 243-2232; Elizabeth Horrigan, MD, (419) 288-0024; or Emily J. Zaragoza Lao, MD, (419) 383-5585.

Learning to play *Hardball*

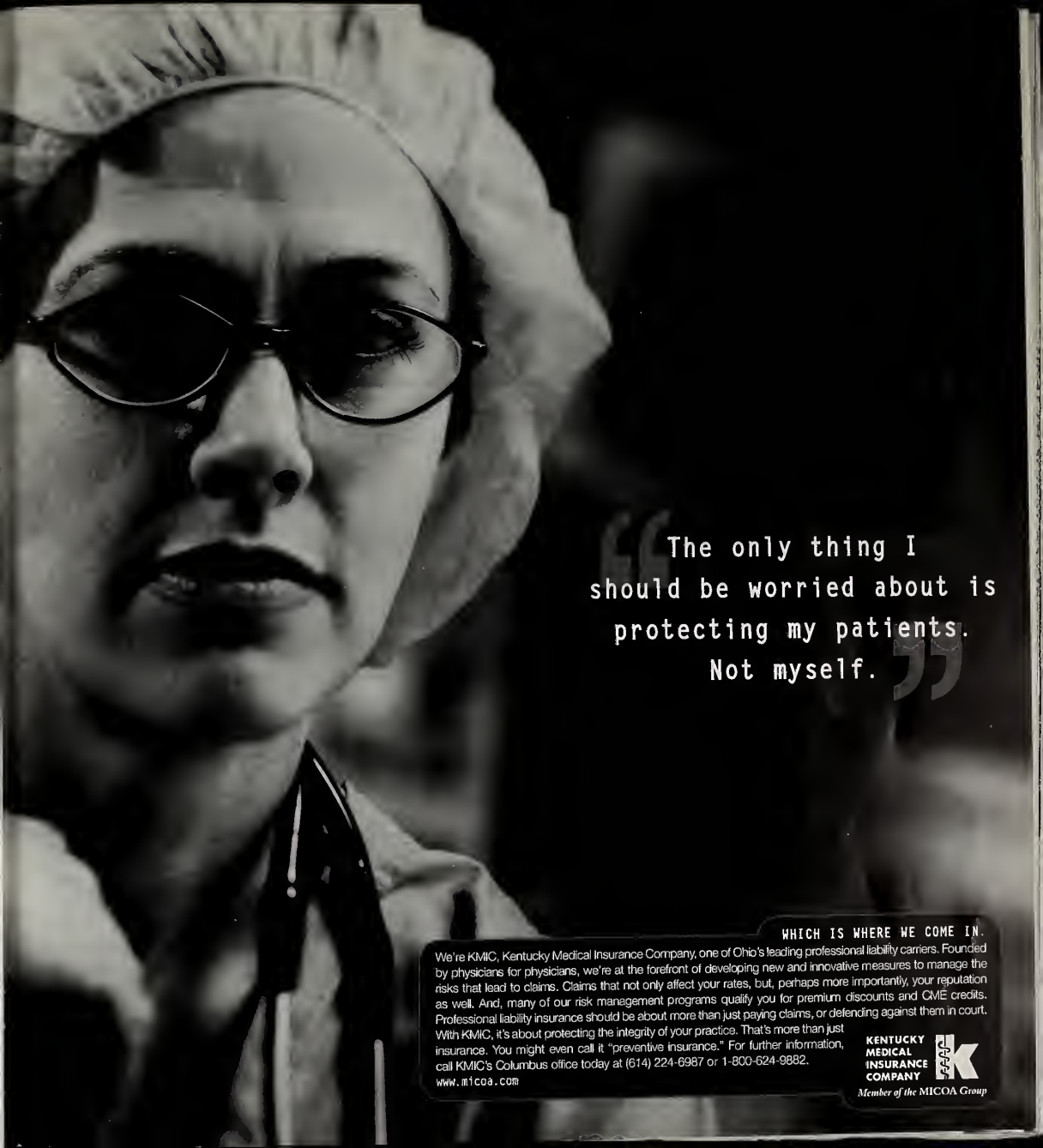
Hardball for Women: Winning at the Game of Business, by Pat Heim, PhD, with Susan K. Golant, explains how behavior is interpreted in the business world and offers tips on how to get ahead. Here's what's in the book:

- The Game of Business
- Competition: The Name of the Game
- Do What the Coach Says — Period!
- How to Be a Team Player
- How to Be a Leader
- Power Talk: Using Language to Your Advantage
- Power Moves: Using Nonverbal Cues to Your Advantage
- Making the Most of Criticism and Praise
- Setting Goals and Staying Focused
- Winning Is All that Matters
- Making Your Next Play: What's Your Game Plan?
- The Strengths Women Bring to Business
- Resources and Suggested Readings

Take Action:

If you would like to form your own support group, using this book as a guide, the book is available on the Internet, from amazon.com (Amazon), bn.com (Barnes and Noble) and borders.com (Borders). Your local bookstore may also be able to order a copy for you.

— Jan Leibovitz Alloy



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Pain: The Fifth Vital Sign — One year later

Since 1997, more than 100 educational offerings on pain management have been given, reaching an average of 3,400 physicians and 1,500 other health professionals.

Editor's note: PAIN: The Fifth Vital Sign, *a guide to the management of chronic, intractable pain, was mailed to every physician in Ohio last January. It was developed by the OSMA Ad Hoc Committee on Pain Education and the Focused Task Force on Education in response to House Bill 187, that would have mandated all physicians obtain two hours of education on intractable pain.*

As of November 1999, almost 1,400 physicians have taken the post test required to receive the 2 hours of category 1 CME credit available through January 2000 from the OSMA handbook, *PAIN: The Fifth Vital Sign.* Results from the post test show that physicians are very satisfied with the quality of the educational material, and were able to demonstrate an increase in pain management by achieving the objectives of the pain handbook.

Well received

Some of the comments received include:

"The educational material was thorough and well presented. The resource list and office tools for pain assessment were a plus."

"I like the checklist; it is a great aid when documenting. This should be made available to all new Ohio physicians every year."

"This book is very good for physicians other than pain specialists. It will be nice to update this book."

"Excellent resource material. I would like additional copies for my technicians, interns and residents."

Increased knowledge

In a pre-test, conducted in June 1997, only 24% of the physicians who responded indicated they considered themselves as "very knowledgeable" in the area of pain control. Post test results showed that 88% were able to describe appropriate management for patients with painful terminal diseases, and those with chronic nonmalignant pain.

In response to the increase in pain initiatives among Ohio CME sponsors, in pain management articles in public and professional publications, and in regulatory requirements of hospitals in the area of pain management, the handbook was reviewed by the OSMA Focused Task Force on Education, which renewed the CME credit for an additional year. Any physician who has not already read the pain handbook, and

completed the post test can do so until January 2001 and earn up to 2 hours of category 1 CME. ■

Take Action

For a copy of *PAIN: The Fifth Vital Sign,* contact Robin Parker, OSMA Division of Public Affairs, (800) 766-6762, Ext. 6744.

Prompt-pay study

Continued from page 1

payment process, providers have little incentive to invest the time and resources it would take to initiate a complaint. ODI and the insurance industry point to the relatively small number of complaints as proof that most claims are paid on time.

16 Ohio practices studied

Last summer, the OSMA studied the claims processing experience of 16 group practices of various sizes throughout the state. The study group represented 105 doctors, 1% of OSMA's membership, in 10 specialties — cardiology, dermatology, ENT, family practice, orthopaedics, ophthalmology, psychiatry, pulmonary, sports medicine, and urology. Offices were asked to record claims, excluding Medicare and Medicaid, for each day of the last week of July 1999. Claims were broken down into three areas: insurer's name, method of submission (paper or electronic), and dollar value of the claim ($100 or less or more than $100). Practices tracked the status of their claims at four intervals: 24 days, meeting state law; 30 days, the typical business billing cycle and the point at which the state must either pay vendors or be subject to interest; 45 days, (the period stated in some contracts between doctors and insurers); and 60 days, considered to be a reasonable outer limit. At each tracking date, practices categorized claims as:

- Paid in full — paid at the agreed-upon fee schedule;
- Denied — denied with no payment;
- Partially paid — paid at less than the agreed-upon fee schedule;
- No response yet — no word back from the insurance company; or
- Other — any claim that didn't fall into the previous categories; if there was coordination of benefits, for example.

Half of claims unanswered at 24 days

At the first tracking date, 24 days, practices had received payment in full on only 46% of the claims submitted to insurance companies and partial payment on 1%. On fully half the claims, they had received no word at all. Even at 60 days, there was no response on 11% of the claims, with full payment on 80% and partial payment on 2%. As the study didn't track appeals, it's evident that the claims paid required no follow-up and were considered clean.

Practices that submitted claims electronically fared significantly better than those that submitted paper claims. Electronic claims were paid more often and more quickly in all categories than were paper claims.

Although claims in this study were submitted to 180 insurance companies, the top 17 insurers, including all major health insurance corporations in Ohio, accounted for 87% of the claims. The rates in all study categories followed similar trends whether or not the other 163 companies were included in the statistical analysis. The study didn't break out particular insurance products, such as HMOs and PPOs.

Copies of the full report are available to OSMA members. (See Take Action.) By using a multifaceted approach, as outlined in the related story on the front page, the OSMA will hopefully provide outcomes that will ultimately result in a positive impact to the bottom line in every member's office, both in terms of administrative cost savings and increased revenues. ■

— Jon Leibovitz Alloy

Take Action

For more information, contact Todd Baker, director of Medical Economics and Advocacy, (800) 766-6762, Ext. 6734. To order a copy of the study, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #8-99.

Practical Applications of Integrative Medicine:

Techniques of Alternative Therapies

Wednesday, May 17 — Friday, May 19, 2000

Cincinnati, Ohio ■ Omni Netherland Plaza

presented by The Alliance Institute for Integrative Medicine

This three-day event will provide valuable insights into the integration of alternative therapies with traditional medicine. Participants will hear from the country's foremost authorities on a variety of alternative therapies and learn hands-on techniques during breakout sessions.

Conference Description:
Research indicates that 42 percent of health care consumers are turning to alternative therapies to treat illness, manage pain and generally improve their health. Often these types of therapies are used in conjunction with conventional medicine with or without the knowledge of the primary care physician. This comprehensive conference will provide practitioners with a better understanding of how alternative therapies have been used effectively with conventional medicine and provide them with the knowledge and skills to apply some of these techniques in their own practice. Some of the country's foremost experts in the fields of acupuncture, energy medicine, Ayurvedic medicine, neurotransmitters, naturopathy, Chinese herbal medicine and yoga will present at this three-day event.
CME and CEU credit pending.

Featured Sessions and Speakers:

- *Thinking Globally and Acting Locally: The Current Status of Integrative Therapy* — Steve Amolls, M.D., medical director, Alliance Institute for Integrative Medicine.
- *An Approach to Medical Acupuncture and Practical Applications of Medical Acupuncture* — Joseph M. Helms, acupuncture practitioner and instructor at University of California, Los Angeles School of Medicine.
- *Energy Medicine for the New Millennium* — Reverend Rosalyn L. Bruyere, founder and director, Healing Light Center Church, Sierra Madre, California; author, *Wheels of Light*.
- *Manipulation of the Lumbar and Thoracic Spines* — Steve Bleser, D.C., Alliance Institute for Integrative Medicine.
- *Nutrition and Recipes for your Patient: An Overview to Healthy Eating* — Dorothea Zivkovic, nutritionist, Alliance Institute for Integrative Medicine.
- *Herbal Medicine* — Mark Blumenthal, founder and executive director, the American Botanical Council.
- *Ayurvedic Medicine* — Dr. Robert Svoboda, doctor of Ayurvedic medicine, lecturer, teacher and author of 11 books; faculty member, the Ayurvedic Institute, Albuquerque, NM.
- *Naturopathy and Homeopathy* — Jim LaValle, President and founder, Natural Health Resources, Inc.
- *Energy Patterns of Specific Illnesses* — Chris Celek, medical intuitive, Alliance Institute for Integrative Medicine.
- *Neurotransmitters* — Candace B. Pert, Ph.D., internationally-recognized pharmacologist in the fields of neuropeptide and receptor pharmacology and chemical neuroanatomy.
- *A Guide to Chinese Medicine and Herbs* — Harriet Beinfield, L.Ac. and Eftem Korngold, L.Ac., O.M.D., teachers and lecturers of Chinese medicine; authors of *Between Heaven and Earth: A Guide to Chinese Medicine* (Ballantine Books, 1991) and *The Chinese Modular Solutions Handbook for Health Professionals.*
- *Osteopathic Manipulation and Integrative Medicine* — Jay Sandweiss, D.O., instructor on osteopathy nationally and internationally for American Back Society and the American Academy of Medical Acupuncture.
- *Integrating Psychological Techniques with Energy Medicine* — Jim Kepner, Ph.D. and Carol DeSanto, M.S.
- *Connections: Mind, Body, Spirit* — Carole Parrish, M.S., M.Ed., Alliance Institute for Integrative Medicine.
- *The Joys and the Journey: Practical Ways of Managing Stress* — Lilias Folan, yoga instructor.

To receive a registration form, please call 513-791-5521 or 1-888-640-CARE.

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OSMA News

AMA-YPS interim report

Delay enforcement of restraint rules

The American Medical Association's Young Physicians Section (YPS) considered a number of issues at its 1999 Interim Assembly meeting this past December. Information on the following resolutions is based on a preliminary report of actions.

Resolution 3
One-hour seclude and restraint rules.

AMA-YPS action: A substitute resolution was adopted.

This resolution asks that the Young Physicians Section, and the American Medical Association support the American Psychiatric Association in its efforts to delay the enforcement of the one-hour seclusion and restraint rule. Specifically, the resolution resolved that the YPS ask the AMA to intensify its advocacy activities in working with the Health Care Financing Administration (HCFA) to rescind the seclude and restraint rules and reissue the regulations in a notice of proposed rule making with at least a 60-day comment period. The resolution also resolved that the AMA formally oppose the HCFA Interim Rule on the use of seclusion and restraints, and its implementation as currently written.

Resolution 8
Pharmaceutical intervention in physician's practices.

AMA-YPS action: A substitute resolution was adopted.

Resolution 8 calls on the AMA to ask insurance companies to cease in its practice of pharmaceutical intervention, based on the following rationale: physician harassment and breach of patient confidentiality. The resolution specifically resolved that the AMA work with the insurance industry to disclose the intent of communications to physicians as either educational or economic, and also that the AMA develop and disseminate model disclosure language that allows patients to understand that personal prescription information may be used at the insurance company's discretion.

In addition, the AMA-YPS also adopted a resolution that calls for criteria to be developed for assessing the quality of health information on the Internet. ■

Take Action:

1999 Interim Assembly

For more information on these resolutions, or to learn more about action taken on any of the resolutions considered by the AMA-YPS at its Interim Meeting, contact Shar Wackman, OSMA Division of Membership Services, (800) 766-6762, Ext. 6773.

President's Perspectives

A foot in the door

Dr. Utlak

I'm not certain I understand the reason for medicine's declining interest in OMPAC. I've been a member of OMPAC since 1988, and for the past several years, I've been a member of the "300 Club." I consider the money I spend on the PAC each year to be an investment in my future, and the future of my patients.

Apparently, however, a number of you must feel pretty secure about the future, or you've given up believing that your money can make any difference in the way that health-care issues are settled at the Statehouse. If so, that's unfortunate because politics continue with or without us, and, as I've written in previous columns, health-care legislation becomes much better for our patients when we — the medical profession — become involved.

There is an article in this issue that I hope you take a moment to read. It's titled, "Is Medicine Losing its Political Power?" and it's a timely question to ask in a climate where more and more health-care bills are introduced each year, while OMPAC figures continue to drop. If medicine hasn't completely lost its clout, it's certainly in danger of being surpassed by other health-care professionals — groups like nurses and chiropractors and optometrists and psychologists — whose PACs are *gaining* in strength, not losing.

I've heard the reasons for not joining OMPAC. They range from disappointment and discouragement with the way some health-care bills have gone to the belief that one shouldn't have to "buy politicians."

What we're buying, however, is a foot in the door, a chance to deliver our message to those who are in a position to make the kind of decisions that influence our profession and our patients. Whatever your feelings may be on whether or not that should be necessary are irrelevant. This is a political reality, and it's time we joined the other realists at the Statehouse who learned this lesson long ago.

The 2000 elections are coming up. Campaigning will begin soon, in earnest. Dan Handel, our OMPAC chair, and his committee will work hard to see to it that the right people are supported by OMPAC funds. But the money to support these campaigns has to be there. Now.

I challenge all of you to contribute a check to OMPAC this year. Make it large, make it small — but make it out to tbe Ohio Medical Political Action Committee, and put it in the mail soon.

Medicine is counting on you. And so are your patients. ■

On the Web
OSMA Web site gets facelift

The OSMA Web site has undergone some major reconstruction. Soon, when you log on to the OSMA site (www.osma.org) you'll find a new home page. We hope the new home page makes it easier for you to navigate the site. The navigation buttons on the lefthand side of the page, that you've become accustomed to, will remain part of the new design.

What's new

- News headlines. Look here for the latest health-care news and weekly updates.
- Physician Resources/Public Resources. We've taken suggestions from members to put online information that the OSMA makes available in printed form. It is now easier for you to make copies for your files. The Public Resource section will have information of interest to your patients. You can either print this information for your patients, or suggest they visit the OSMA Web site for free information on specific topics.
- Medicare/Medicaid section. Here's where you should look for the latest information.
- Women's Health Initiative materials. Information from the five-part Women's Health Initiative — Osteoporosis, Domestic Violence and Breast Cancer — will be available on the Web site.
- Legal Center. This area will include any information from the State Medical Board of Ohio and any other legal information including the OSMA Legal Fact Sheets and Contract Review.
- Ohio Medicine. The top stories from the monthly OSMA publication, *Ohio Medicine.*

Coming this summer...The OSMA in a joint effort with the Ohio Hospital Association, will provide an online job placement service for physicians in Ohio. ■

OSMA News

Federation of Medicine

Ohio resolutions fare well at Interim meeting

The AMA Interim meeting took place in December in San Diego. The meeting always raises a number of timely issues for discussion, and this meeting was no exception. Delegates discussed everything from a policy on medical records privacy to whether or not there should be more oversight on diet supplements. The specter of health-care fraud brought forth a resolution calling for a study on actual doctor fraud and the differences between coding errors and intentional crimes. The pros and cons of physician unions were hotly debated, although the AMA-sponsored collective bargaining unit, Physicians for Responsible Negotiation, received a warm welcome from those who attended a forum on the new group. Surgeon General David Satcher made an appearance, the continuation of AMAP, the AMA's accrediting program, was discussed, and delegates vowed to fight the scope of practice expansion of nonphysicians.

I will bring you more news about these events in future columns. For now, let me relate for you how Ohio's resolutions fared at the meeting.

The Ohio delegation brought three resolutions before the AMA House:

- Ohio resolution 30-99, educating students about the hazards of tanning;
- Ohio resolution 04-99, which calls for the AMA to develop a documentary film highlighting activities of the AMA meeting to be used as a communications tool; and
- Ohio resolution 17-99, which calls for the development of a time-based CPT code or "handling charge" for administrative time spent on behalf of patients.

The first resolution, educating students about tanning dangers, was combined with a similar resolution and was adopted by the House with a slight change in title, to "ultraviolet radiation protection." This resolution, as adopted, urges the AMA to develop a program that unites county medical societies and schools in an effort to educate students on the danger of exposing themselves to ultraviolet rays, whether that's on the beach or at the local tanning parlor. The schools and county societies will work to place this information in the health curriculum. This resolution came to the OSMA House of Delegates through the Ohio Dermatological Association. The OSMA was pleased to work on this very worthwhile project with that specialty society. The OSMA, in cooperation with the ODA, has developed an educational packet on the dangers of tanning. If you are interested in receiving one of these kits, contact Vickey McVay at the ODA. She can be reached at the OSMA, (800) 766-6762, Ext. 6781.

Dr. Abromowitz

The second resolution, concerning the development of a film of the AMA Annual Meeting, was referred to the board of trustees for a decision. The film, according to the resolution, is to be used by delegates and alternate delegates as a way to communicate with grassroots physicians as to the benefits of AMA membership. As a member of the AMA Board of Trustees, I can assure you that the board will give this matter its careful attention when the resolution is raised for discussion. I'll keep you posted on the outcome.

The third resolution was amended, slightly, then adopted. Aside from a few editorial changes, an additional resolve was added to the resolution, calling for the AMA to develop model legislation that would require third-party payors to compensate physicians for these activities. This resolution is likely to give the AMA's CPT Coding Committee some food for thought this year. The AMA House certainly didn't think it out-of-line to support the concept of a time-based charge for such matters as phone pre-certification, utilization review activities and formulary review, and other pertinent factors should be considered. We'll have to see what develops from the CPT committee in terms of such "handling charges."

If you have any questions about the actions taken at the AMA Interim Meeting, please contact me, or any OSMA officer or member (or alternate member) of the Ohio delegation. ■

— Herman I. Abromowitz, MD, AMA Board of Trustees

Action on Ohio Resolutions

Ohio Res. 30-99, **Educating students about the hazards of tanning**
AMA Action: Substitute resolution **adopted.**

Ohio Res. 04-99, **Communication tool for delegates/alternates**
AMA Action: **Referred** to board of trustees for decision.

Ohio Res. 17-99, **Handling charge**
AMA Action: **Adopted** as amended.

Ohio Res. 36-98, **Guidelines for review of Pap smears in context of potential litigation.**
AMA Action: **Adopted** as amended. Report back to House at the Interim 2000 meeting.

AMA Res. 605-1-98, **Electronic balloting**
Introduced by: Carol Sholtis, MD, Gallipolis
AMA Action: **Adopted** as amended. Electronic balloting will be used at the Speaker's discretion.

OSMA HMO FINANCIAL STABILITY REPORT
February 2000

Regular reviews by ODI assure that HMOs meet standards

The Ohio Department of Insurance (ODI) licenses and regulates all insurance providers, including HMOs, doing business in Ohio. Regular and complete financial solvency reviews by ODI staff assure that each company meets minimum capital and surplus standards.

Reviews are conducted in accordance with the National Association of Insurance Commissioners (NAIC) Financial Regulation Accreditation Standards. ODI was originally accredited by the NAIC in 1991, and was reaccredited in 1996.

ODI conducts its financial surveillance activities by performing an analysis of the following financial documents that every HMO is required to file with ODI:

1. Quarterly and annually: financial statements with sworn representations by senior company management that the statements are true and accurate;

2. Annually: audits of the company's financial statement, certified by an independent public accounting firm; and

3. Annually: certification by independent actuaries as to the adequacy of the company's reserves to pay losses and loss adjustment expenses.

In accordance with NAIC Accreditation Standards, the department also conducts comprehensive on-site financial examinations of licensed insurance companies every three years.

All quarterly and annual financial statements filed with the department are public documents (HMO Risk Based Capital calculations can be found in annual financial statements). Department triennial examinations of insurers are also public documents.

Company abstracts (the history of all financially regulated transactions), company Certificate of Authority filings (permission requests to write a particular type of insurance), and company Form A filings (filed when a company wants to acquire or merge with a domestic insurer) are all public documents, as well.

However, information or documents regarding companies under state supervision are considered confidential under Ohio Revised Code. When ODI detects financial shortcomings that are not being adequately resolved, ODI may elect to place the company under an Order of Supervision.

If the company's financial vitality cannot be improved upon or if ODI deems the company to be in potentially hazardous financial condition, the department will file either a Complaint for Rehabilitation or Liquidation – both public court actions.

For increased protection, in 1997, the Ohio General Assembly, with the support of ODI, increased the capital requirements for HMOs from $500,000 to $1.7 million.

To review an HMO's financial status, ODI suggests that you read the company's annual statement, looking for profitability and capital adequacy. Also, you will want to consult financial rating services such as those in the following chart (A.M. Best, Standard and Poor's, and Weiss Ratings), Moody's Investor Services, and Fitch Investment Service.

Some of the key financial specifics and trends analyzed by rating services are the following: capitalization, enrollment levels, physician participation levels, rates of growth, Medicare limits, and expenses. – *Carol Larimer*

Resources:

Quarterly financial summaries for health insuring corporations operating in Ohio, 1994-1999, are available at www.state.oh.us/ins/Insurer/QuarterlySummaries/QuarterlyIndex.html.

To schedule an in-person review of HMO financial filings, or for more information, call Bill Rossbach, Insurance Examiner Administrative, ODI Financial Regulations Division, (614) 644-2647.

For contractual or regulatory questions about an HMO, call ODI Managed Care Division, (614) 644-2661.

For all HMO complaints, start with the ODI Consumer Services Division, (614) 644-2673 or (800) 686-1576.

Insurance links:
www.state.oh.us/ins/news%20room/Links/LinkIndex.htm

This new quarterly Ohio Medicine *HMO insert is provided in response to OSMA Emergency Resolution 12-99: Information Regarding Ratings of Health Maintenance Organizations; and OSMA Resolution 26-99: Publication of Financial Reports by Ohio Health Maintenance Organizations.*

Health Insuring Corporations offering HMO products licensed to operate in Ohio	NAIC Code	A.M. Best Rating	A.M. Best Date	S&P Rating	Weiss Rating
Advantage Health Plan (DBA) QualMed Plans for Health of Ohio and West Virginia, Inc. (LE)	95198	NR-3	9/7/99	NR[NR]	U[U]
Aetna U.S. Healthcare, Inc. Aetna Health Plans of Ohio, Inc.[F]	96518 96518	A-	12/10/98	NR	C
Anthem Blue Cross & Blue Shield (DBA) Community Insurance Company (LE)	10345	A-g	5/11/99	A	—
AultCare HMO	95200	NR-2	9/20/99	NR	D
Bethesda Managed Care, Inc.	95430	NR-5	8/16/99	NR	U[U]
ChoiceCare/Humana (DBA) Humana Health Plan of Ohio, Inc. (LE)	95348 95078	A-	8/25/99	A-	B-
Cigna HealthCare of Ohio, Inc.	95209	A-	1/7/99	NR	C+
Community Health Plan of Ohio	95193	NR-5	8/26/99	NR	E+
Dayton Area Health Plan	95201	NR-5	8/16/99	NR	C-
Emerald HMO, Inc.	95205	C+q	10/25/99	NR	U[U]
Family Health Plan	96865	B-q	9/27/99	NR	D
Genesis HealthPlan (DBA) Genesis Health Plan of Ohio, Inc. (LE)	95429	NR-5	8/16/99	NR	D
HMO Health Ohio (DBA) Medical Insurance Company of Ohio (LE)	15644 95828	NR-5	8/16/99	CCCpi	D
HealthAssurance HMO (DBA) HealthAmerica Pennsylvania, Inc. (LE)	95060	Bq	8/23/99	Bpi	C-
HealthFirst (DBA) HealthOhio, Inc. (LE)	95196 95196	Bq	10/18/99	NR	D-
The Health Plan (DBA) The Health Plan of Upper Ohio Valley, Inc. (LE)	95677	Bq	10/18/99	NR	B-
HomeTown Health Plan (DBA) Massillon Community Hospital Health Plan (LE)	95350 95195	Bq	10/18/99	NR	D-
Kaiser Permanente (DBA) Kaiser Foundation Health Plan of Ohio, Inc. (LE)	95204 95204	B+q	12/20/99	NR	B-
MedOhio Health Plan (DBA) MedOhio Health Plan, Inc. (LE)	—	—	—	NR	—

CURRENT GUIDE TO BEST'S RATINGS

March 30, 1998

For a complete explanation of Best's Ratings, please refer to the Preface of *Best's Insurance Reports*® or *Best's Key Rating Guide*®. Best's Ratings reflect our independent opinion, but are not a warranty of a company's financial strength and ability to meet its obligations to policyholders.

BEST'S RATINGS AND FINANCIAL PERFORMANCE RATINGS (FPR)

A.M. Best assigns to insurance companies one of two types of rating opinions, a Best's Rating (A++ to F) or a Financial Performance Rating (9 to 1). The Best's Rating represents an opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. The FPR represents an opinion based primarily on a quantitative evaluation of a company's financial strength and operating performance. Best's Ratings and FPRs provide an independent opinion of an insurance company's ability to meet its obligations to policyholders. For additional information, refer to the Preface.

Secure Best's Ratings

A++ and A+	Superior
A and A–	Excellent
B++ and B+	Very Good

Vulnerable Best's Ratings

B and B–	Fair
C++ and C+	Marginal
C and C–	Weak
D	Poor
E	Under Regulatory Supervision
F	In Liquidation
S	Rating Suspended

Secure FPR Ratings

FPR 9	Very Strong
FPR 8 and 7	Strong
FPR 6 and 5	Good

Vulnerable FPR Ratings

FPR 4	Fair
FPR 3	Marginal
FPR 2	Weak
FPR 1	Poor

RATING MODIFIERS

Rating Modifiers are assigned to Best's Ratings and Financial Performance Ratings to identify companies whose rating opinions are Under Review (u) and may be subject to near-term change; or are based on a Group (g), Pooling (p) or Reinsurance (r) affiliation with other insurers. For additional information, refer to the Preface.

g - Group
p - Pooled
r - Reinsured
u - Under Review

NOT RATED CATEGORIES (NR)

Companies not assigned a Best's Rating or FPR are assigned to one of five NR categories which identifies the primary reason a rating opinion was not assigned to the company. For additional information, refer to the Preface.

NR-1	Insufficient Data
NR-2	Insufficient Size and/or Operating Experience
NR-3	Rating Procedure Inapplicable
NR-4	Company Request
NR-5	Not Formally Followed

FINANCIAL SIZE CATEGORIES (FSC)

Assigned to all companies and reflects their size based on their capital, surplus and conditional reserve funds in millions of U.S. dollars, using the scale below. For additional information, refer to the Preface.

FSC I	less than 1	FSC V	10 to 25	FSC IX	250 to 500	FSC XIII	1,250 to 1,500
FSC II	1 to 2	FSC VI	25 to 50	FSC X	500 to 750	FSC XIV	1,500 to 2,000
FSC III	2 to 5	FSC VII	50 to 100	FSC XI	750 to 1,000	FSC XV	greater than 2,000
FSC IV	5 to 10	FSC VIII	100 to 250	FSC XII	1,000 to 1,250		

How to obtain the latest Best's Ratings

• For the latest **Best's Ratings** and *Best's Company Reports* (which include **Best's Ratings**), visit the A.M. Best web site at **http://www.ambest.com**. Requested information can be sent to you by fax or e-mail. Charges are $4.95 for each **Best's Rating** or $19.95 for each *Best's Company Report*. You may also obtain *Best's Company Reports* by calling our Customer Service department at 908-439-2200, ext. 5742. To expedite your request, please provide the company's identification number (AMB #).

• All rating actions are published in *Best's Rating Monitor* (our most timely and complete release of ratings). Selected rating changes and new ratings are published in *BestWeek*® (our weekly newsletter) and *Best's Review*® (our monthly magazine).

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BEST®
The Insurance Information Source

Standard & Poor's Insurer Financial Strength Rating Definitions

A Standard & Poor's Insurer Financial Strength Rating is a current opinion of the financial security characteristics of an insurance organization with respect to its ability to pay under its insurance policies and contracts in accordance with their terms. This opinion is not specific to any particular policy or contract, nor does it address the suitability of a particular policy or contract for a specific purpose or purchaser. Furthermore, the opinion does not take into account deductibles, surrender or cancellation penalties, timeliness of payment, nor the likelihood of the use of a defense such as fraud to deny claims. For organizations with cross-border or multinational operations, including those conducted by subsidiaries or branch offices, the ratings do not take into account potential that may exist for foreign exchange restrictions to prevent financial obligations from being met.

Insurer Financial Strength Ratings are based on information furnished by rated organizations or obtained by Standard & Poor's from other sources it considers reliable. Standard & Poor's does not perform an audit in connection with any rating and may on occasion rely on unaudited financial information. Ratings may be changed, suspended, or withdrawn as a result of changes in, or unavailability of such information or based on other circumstances.

Insurer Financial Strength Ratings do not refer to an organization's ability to meet nonpolicy (i.e. debt) obligations. Assignment of ratings to debt issued by insurers or to debt issues that are fully or partially supported by insurance policies, contracts, or guarantees is a separate process from the determination of Insurer Financial Strength Ratings, and follows procedures consistent with issue credit rating definitions and practices. Insurer Financial Strength Ratings are not a recommendation to purchase or discontinue any policy or contract issued by an insurer or to buy, hold, or sell any security issued by an insurer. A rating is not a guaranty of an insurer's financial strength or security.

Insurer Financial Strength Ratings

An insurer rated 'BBB' or higher is regarded as having financial security characteristics that outweigh any vulnerabilities, and is highly likely to have the ability to meet financial commitments.

AAA
An insurer rated 'AAA' has EXTREMELY STRONG financial security characteristics. 'AAA' is the highest Insurer Financial Strength Rating assigned by Standard & Poor's.

AA
An insurer rated 'AA' has VERY STRONG financial security characteristics, differing only slightly from those rated higher.

A
An insurer rated 'A' has STRONG financial security characteristics, but is somewhat more likely to be affected by adverse business conditions than are insurers with higher ratings.

BBB
An insurer rated 'BBB' has GOOD financial security characteristics, but is more likely to be affected by adverse business conditions than are higher rated insurers.

An insurer rated 'BB' or lower is regarded as having vulnerable characteristics that may outweigh its strengths. 'BB' indicates the least degree of vulnerability within the range; 'CC' the highest.

BB
An insurer rated 'BB' has MARGINAL financial security characteristics. Positive attributes exist, but adverse business conditions could lead to insufficient ability to meet financial commitments.

B
An insurer rated 'B' has WEAK financial security characteristics. Adverse business conditions will likely impair its ability to meet financial commitments.

CCC
An insurer rated 'CCC' has VERY WEAK financial security characteristics, and is dependent on favorable business conditions to meet financial commitments.

CC
An insurer rated 'CC' has EXTREMELY WEAK financial security characteristics and is likely not to meet some of its financial commitments.

R
An insurer rated 'R' has experienced a REGULATORY ACTION regarding solvency. The rating does not apply to insurers subject only to nonfinancial actions such as market conduct violations.

NR
An insurer designated 'NR' is NOT RATED, which implies no opinion about the insurer's financial security.

Plus (+) or minus (–) signs following ratings from 'AA' to 'CCC' show relative standing within the major rating categories.

CreditWatch highlights the potential direction of a rating, focusing on identifiable events and short-term trends that cause ratings to be placed under special surveillance by Standard & Poor's. The events may include mergers, recapitalizations, voter referenda, regulatory actions, or anticipated operating developments. Ratings appear on CreditWatch when such an event or a deviation from an expected trend occurs and additional information is needed to evaluate the rating. A listing, however, does not mean a rating change is inevitable, and whenever possible, a range of alternative ratings will be shown. CreditWatch is not intended to include all ratings under review, and rating changes may occur without the ratings having first appeared on CreditWatch. The "positive" designation means that a rating may be raised; "negative" means that a rating may be lowered; "developing" means that a rating may be raised, lowered or affirmed.

'pi' Ratings, denoted with a 'pi' subscript, are Insurer Financial Strength Ratings based on an analysis of published financial information and additional information in the public domain. They do not reflect in-depth meetings with an insurer's management nor do they incorporate material non-public information, and are therefore based on less comprehensive information than ratings without a 'pi' subscript. 'pi' ratings are reviewed annually based on a new year's financial statements, but may be reviewed on an interim basis if a major event that may affect an insurer's financial security occurs. 'pi' ratings are not modified with '+' or '–' designations, nor are they subject to potential CreditWatch listings.

National Scale Ratings, denoted with a prefix such as 'mx' (Mexico) or 'ra' (Argentina), assess an insurer's financial security relative to other insurers in its home market. For more information, refer to the separate definitions for national scale ratings.

Quantitative Ratings, denoted with a 'q' subscript, were discontinued in 1997. The ratings were based solely on quantitative analysis of publicly available financial data.

Privacy rule

Continued from page 1

ty purposes" (i.e., research, public health, oversight), or in special, defined circumstances.

Patients would also have the right to receive a written notice of information practices from providers. If you receive such a request under the proposed rule, you must describe the types of uses and disclosures your practice makes. Your patients also have the right to:

If a patient asks you about your information practices you must describe in writing, the types of uses and disclosures your practice makes.

- Obtain access to protected health information about them, including a right to inspect and obtain a copy of the information;
- Request an amendment or correction that is inaccurate or incomplete;
- Receive an accounting of the instances where protected health information about them has been disclosed for purposes other than those described above.

The federal Department of Health and Human Services took over the rule-making responsibility last summer when Congress failed to meet an Aug. 21 deadline for enacting privacy legislation. The new rule has been in the hearing process since late last year, but the AHS issued a 45-day extension for the comment period in December. ■

Take Action

For a more complete report of the proposed privacy rule, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #1-00.

OSMA News

Alliance Report

Why are children killing children?

Jan Kirlin

Most experts agree that there are no easy answers to that question. The availability of guns, broken homes, distracted adults and depressed kids are all components of the equation. Increasingly, researchers also believe that violent media — video games, TV and film — may actually be teaching our children to kill.

Two recent studies confirm that the OSMA Alliance's conflict resolution resources, including our Bullies and Victims program, *Hands Are Not for Hitting*, and *I Can Choose*, can be effective in the fight against youth violence. The research provides solid evidence that such resources can have a positive influence on the way children interact and resolve conflicts.

The first report, released in September by the National Center for Children in Poverty, was based on a two-year evaluation of the Resolving Conflict Creatively Program — one of the largest and longest-running school-based programs in the country. NCCP evaluated the program's effect on approximately 5,000 children, from 15 New York City public elementary schools.

According to the report, students receiving about 25 conflict resolution lessons throughout the school year tended to be less hostile, and less likely to resort to violence. In fact, students were more likely to express their emotions in a positive manner and perform better in school.

A similar study, in the journal of *Pediatrics*, found that though television was a negative influence, what profoundly promotes violent behavior is being a victim of, or witness to, real violence at school, in the neighborhood, or at home.

The findings suggest that a more active parenting style can help reduce youth violence. Parents can start by taking seriously their kids' complaints about persistent abuse from bullies or siblings, by knowing who their kids' friends are, and by insisting they be home on time.

The OSMA Alliance is very committed to Stopping Violence in Our Schools, and hope our conflict resolutions will have a positive impact on youth violence. ■

— Jan Kirlin is president of the OSMA Alliance.

Practice Tips

"Choice Care": How will it *really* work?

Many physicians rejoiced in UnitedHealthcare's decision to return medical decision-making to doctors. Now — what's the downside?

UnitedHealthcare took a step last November to shift responsibility for medical necessity decisions back to the physicians and move their domain of control away from pre-approvals for most medical treatments and services, and refocus on the effectiveness of physicians' treatment decisions. Even though mental health and cosmetic surgery are among the exceptions; and in-patient surgery and some expensive diagnostic tests still require admission notification, this essentially puts the treatment-decision ball back in the physicians' court.

UnitedHealthcare, the Ohio component of the nation's second largest health insurer, UnitedHealth Group, has created optimism among Ohio physicians, particularly in Columbus, Cleveland, Cincinnati, and Dayton, where UnitedHealthcare has its greatest market share. United-Healthcare cited the cost of paperwork and the fact that nearly all requests for treatment were eventually approved as reasons for the dramatic policy shift. Walter Wielkiewicz, MD, (Zanesville), OSMA president-elect says, "I hope other HMOs will follow this lead, allowing more physician control and potentially less need for legislative reform."

"UnitedHealthcare, as part of its 'Care Coordination' approach, now is focusing on its retrospective review process to monitor the back end of medical practice with statistical analysis of utilization, peer profiling, and a plan to work one-on-one with offices that deviate from the norm," says Todd Baker, OSMA director of medical economics and advocacy. The concern among physicians is that if they aren't able or willing to return to the "norm" they could be dropped from UnitedHealthcare's network of providers.

Physicians to be evaluated

The UnitedHealthcare medical director for central Ohio, Owen Johnson, MD, says that two approaches will be taken to evaluate physician performance. "Clinical profiling has been done for years and is based on disease-specified treatment protocols developed by specialty societies." This helps evaluate if the treatments are accepted standards of care. "Second is physician performance reporting, which is based on a decade's worth of utilization data." Dr. Johnson says UnitedHealthcare will now allocate more resources that previously supported administrative costs towards physician medical directors (himself being one of them) who will visit physicians who are outliers by peer comparison to "...talk with them, and evaluate their practice style and patient population." A whole team of health-plan specialists, including profiling analysts, RN/case managers, pharmacy directors and medical directors, is available to meet with physicians.

"Are employers and patients willing to pay what it takes to get the best health care? UnitedHealthcare will certainly be more strict in looking at costs."
—Walter Wielkiewicz, MD
OSMA President-Elect

Doctors may get blame

The benefit of eliminating most pre-approvals is that a great measure of professionalism has returned back to the judgment of the physician. Further, as Dr. Johnson points out, physician's offices will now escape from what has become a huge administrative burden connected with processing pre-approvals. The downside is that insurers can more easily blame physicians for rising costs, says Baker. For insurers, the tricky part will be keeping their provider networks lean and efficient — through voluntary or obligatory departures — and still provide enough coverage to keep the patient population satisfied. Dr. Johnson says that UnitedHealthcare wants a large physician base. They also want to provide newer medical technologies that are within nationally accepted standards for care.

"All of this heightens the need to be very attentive and do analysis within your own practice," says Baker. "Compare your practice to the marketplace. Physicians now have to compete via measurement tools for their services, costs, etc. Doctors will be dropped from networks now because the insurer will say they don't need 20 OBs to service their clients. Practice patterns will change." Dr. Wielkiewicz says that physicians will have to be vigilant about their UnitedHealthcare reports and expedite concerns right away. Otherwise, outliers to the economic model might choose incorrectly to delay course corrections until next year's report.

Tidal wave of change

Baker speculates that an overall issue of controlling costs, even with most of the fat already cut from the managed-care system, plus employer demands for reasonably priced health insurance are, in part, behind the UnitedHealthcare move. Further, the shift in responsibility might be a "pre-emptive tidal wave of change" as physicians try to have their say apart from the regulatory and legislative controls, and oversights that have come along with managed care. However, since insurers can now say they are trying to correct themselves, the burden of blame could shift towards the physicians and the impetus towards regulatory reform could change in character, too.

Dr. Wielkiewicz says, "The issue gets back to a fundamental question: Are employers and patients willing to pay what it takes to get the best health care? UnitedHealthcare will certainly be more strict in looking at costs." Will societal viewpoints enter the fray, helping dictate who gets what care? He muses that physicians can perform an angioplasty and insert a stent on a 50-year-old without a second thought. But how should society react to proposing the same procedure on an 80-year-old, or on someone who is 50 but smokes and doesn't exercise or want to change any lifestyle habits? Such issues could become more prominent as insurers allow more physician-based decisions.

"In the next 12 to 18 months, a number of other major insurers will make similar announcements regarding pre-authorizations and referrals," Baker predicts. "The results will be to stem the tide of major legislative reform. Then we'll see how many physicians who ignored the requirements will be out of the game because they don't want to play this way," he says. ■

—Yvonne H. Burry

Practice Tips

Surgeon general's call to action: *You* can help prevent a suicide

Because depressed people often present with physical symptoms, physicians are often on the front-lines of spotting and stopping potential suicide victims.

In 1996, there were about 20,000 homicides in the United States. Nearly 31,000 Americans died by suicide that year. Suicide was the ninth leading cause of death in this country in 1996. By 1997, with the homicide rate dropping, suicide had moved up to number eight.

Prompted by recognition by the World Health Organization (WHO) of the growing problem of suicide worldwide, Surgeon General David Satcher joined with a number of private and public entities, including various agencies in the U.S. Department of Health and Human Services, to create a national strategy to prevent suicide. The Surgeon General's Call to Action introduces AIM, a strategy of awareness, intervention, and methodology, that gives 15 recommendations for suicide prevention.

Recognize the danger signs

How do you recognize a patient in danger of committing suicide? There's "compelling research" that suicide occurs with more frequency among patients who have depression or an anxiety disorder, says Marshall G. Vary, MD, medical director of behavioral health services for Ohio Health in Columbus. Physicians often see low-level depression in the course of a normal practice and may follow written guidelines for drug therapy. But a patient immobilized by depression can become suicidal once the medication kicks in.

Often, a patient with serious depression will present with symptoms such as recurring headaches or stomachaches, fatigue, sexual problems, or weight loss that have no clear medical basis. "They might not even notice (the depression) if they're not in touch with their emotions, so they present these physical complaints," says Paul Goldstein, PhD, psychology supervisor at the Corrections Reception Center of the Ohio Department of Rehabilitation and Corrections in Columbus. Persistent symptoms with no apparent physical cause could spell danger if combined with other indicators:

- Shift in person's ability to cope. The patient may be aware that something's going on but may think it's external. "The patient is aware that other people seem to be reacting differently," Goldstein says. "The sense is, 'Gee, why is everybody around me acting so strange?'" Ask the patient's family about behavioral changes, such as use of mind-altering substances. And ask about the family itself. A history of severe depression, substance abuse, psychosis, or suicide should raise a red flag.
- Multiple stressors. A patient who can handle two or three stressors suddenly is dealing with five or six. "Sometimes that happens to people," Dr. Vary says. "They just have a toxic month where they get a diagnosis of cancer and their spouse is in an automobile accident and one of their parents dies and they lose their job."
- Unusual communications or requests. "Sometimes people will talk about things as if everything is wrapped up," Goldstein says. "The will is signed, the kids are taken care of. Selling a business, quitting a job — that kind of thing." That piece of the puzzle "is kind of a pearl," Dr. Vary says. "It's not unusual, after a completed suicide, for people around that person to say, 'You know, I didn't realize it at the time, but he was saying goodbye to me.'"
- Poor emotional health followed by sudden, unexplained calmness. "Sometimes that means they've made a decision just to end it," Goldstein says, "and that's brought them some peace."
- Marks on the body that could indicate self-harm. A person might "practice" for suicide, Goldstein says, or even halt an attempt because of the physical pain.

Ask if the patient's in danger

If you're concerned about a patient, present the picture you're seeing, Goldstein says. "Say, 'I'm worried about you. What's happening?' You might say, 'You're complaining about headaches, but you sound like you're depressed,' and then see if there's any opening there."

If the patient admits to feeling despondent, ask about suicidal ideation. "A good way to do that," Dr. Vary says, "is to ask, 'How hopeless do you feel? Does it ever enter your mind that maybe you'd be better off dead?' And if the person says, 'I feel profoundly hopeless, I feel like I'd be better off dead,' it's important to ask the question, 'Have you thought about suicide?'"

Know your community's resources

Regardless of whether you treat low-level depression in your practice, find out what mental health services are available in your area. There may be a community mental health center with 24-hour emergency assessment and admission. Hospitals with psychiatric units also offer 24-hour care.

And call the police if you feel the need. "There's a law in the state of Ohio," Dr. Vary says, "that empowers physicians to hospitalize patients psychiatrically against their will. Physicians have both authority and responsibility to take action when they encounter a patient who is suicidal and needing treatment, whether the patient agrees or not." ■

— Jan Leibovitz Alloy

Update

Second diabetes article available... The second article in the series on diabetes mellitus is available through the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580. Ask for Item #4-00. This article focuses on documenting the care of patients with diabetes.

HMO financial reports on Web... The Ohio Department of Insurance told the Medicaid Managed Care Study Committee that it intended to post quarterly financial data for each Ohio HMO on its Web site after the beginning of the year. Statements will include a five-year financial history and quarterly totals, but not the full financial statement. The ODI site will also carry a disclaimer that says the information is taken from the company-prepared financial report, and has not been verified by the ODI. Eventually, the department hopes to add to its site financial information from all types of insurers. To access the ODI Web site, visit the OSMA Web site, and link to the Ohio Department of Insurance through the OSMA links page.

Do you know who you've hired?... You may be inadvertently hiring the wrong people or contracting with the wrong vendors, and if you are, it can cost you $10,000 or more in civil monetary penalties. The Department of Health and Human Services maintains a list of people and vendors who are excluded from participating in federal health-care programs. If you see Medicare and/or Medicaid patients, you should periodically check this exclusionary list to see whether or not your employees, vendors, or other individuals you contract with (directly or indirectly) are on the list. Physicians who employ or contract with excluded parties could be fined $10,000 in civil monetary penalties for each service provided. To check the list, visit the OIG's Web site. Go to "What's New" under "Exclusions and Reinstatements." ■

Practice Tips

Medicare's guessing game

If your Medicare patient is involved in an automobile accident and you decide to accept Medicare assignment, don't expect to recover your full fees if he or she later sues and wins a bundle in court.

Your Medicare patient is involved in an automobile accident, and comes to you for care. You treat the patient, accept your Medicare payment, and go on with your practice. Later, you learn the patient recovered a settlement from an auto medical no-fault insurance policy. Can you accept any additional amounts of the insurance settlement even though you accepted the Medicare payment?

Different scenario:

Your Medicare patient is involved in an automobile accident, and comes to you for care. You treat the patient, accept your Medicare payment, and go on with your practice. Later, you learn the patient recovered thousands of dollars in a lawsuit against the other driver. Can you collect your full fees?

The answer to the first question is yes. The answer to the second question is no.

Confused? You're not the only one. A number of doctors are aware of the Health Care Financing Administration's (HCFA) guidelines in this area, but too often they believe that the guidelines cover just the first scenario. The fact is, there are *two* different scenarios for two different insurance policies, and they are administered differently.

Auto medical, no-fault

Under the "Automobile Medical/No Fault" section of the HCFA guidelines, this type of insurance provides a contractual relationship between the third-party payor and the injured party, providing you with the right to bill the third party. In other words, you may accept the full insurance payment, regardless if Medicare has been billed (and later refunded.)

No problem.

Then there's the scenario where a lawsuit is involved.

Liability insurance

According to the HCFA guidelines, liability is defined as insurance (including self-insured plans) that provides payment based on legal liability for injury, illness or damage to property. Under this insurance, there is no direct or indirect contractual relationship between the third-party payor and the injured party. Therefore, you do *not* have the right to bill the third party.

So that means you can not recover your fee, right? Not exactly.

There are options available to you to collect your full fee. But it involves a degree of risk-taking.

You must decide up front — before you know whether or not the liability insurer will pay a cent — whether you want to accept the Medicare payment. Your other option is to wait and see what happens in court. Your choice. That's where the risk comes in.

What you can not do is accept the Medicare payment, then, when you learn that your patient had a victorious day in court, return the Medicare payment and bill the patient for your full services.

What if you opted for the liability insurance pay-out and your patient *loses* his or her case? Don't expect to go back to Medicare and tell them you made a bad decision. Medicare's claim timely filing limitations still apply. Once those limitations are past, Medicare will not consider the claim.

You can collect

There are ways to collect under liability insurance, if you choose to go that route. See "Take Action" below for more information that can help you collect. ■

Take Action

For a report on "Medicare Secondary Payer — Automobile Medical, No-Fault and Liability Situations" contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #6-00.

How much does it cost?

Prescription drugs

Each year, the Scott Levin Co. in Newtown, Pennsylvania compiles a list of the 200 most prescribed drugs, which is then published in *American Druggist* magazine. According to a Scott Levin spokesperson, the most recent survey collected data from 35,000 retail pharmacies (not hospitals, long-term care facilities, or mail-order companies) which, in 1998, translated into more than $93 billion spent on 2.4 billion prescriptions. *Ohio Medicine* took the top 10 drugs from this list, looked at online drug outlets to see what dosage quantities they normally handled (some aren't the most typical dosage, as you'll see), and developed some price comparisons. The Ohio prices are from the same drugstore chain, but in different cities. We asked for the cost for 100 units of each medication, without any discounts as some stores do for senior citizens, even though some of them are never purchased in lots of 100. Many are, though, especially by mail, and that's why we chose that amount for the comparison. In cases where generic versions of a drug are available, their costs can be as little as one-third the cost of the name-brand drug. Local prices might vary.

Drug	Type of Retail Outlet (Range of Prices)						
	Akron-Canton	Cambridge	Cincinnati	Cleveland	Columbus	Dayton	Toledo
Premarin (0.625 mg)	$63.59	$62.59	$59.59	$63.59	$67.97	$62.59	$63.59
Synthroid (0.025 mg)-brand name	36.69	31.29	28.99	36.69	33.98	31.29	36.69
Amoxicillin (250 mg)	39.69	37.49	35.29	36.69	31.98	37.49	39.69
Hydrocodone w/APAP (7.5/500 mg)	48.39	39.09	44.99	48.39	61.69	45.99	48.39
Prozac (10 mg)	285.99	285.99	283.99	285.99	286.98	285.99	285.99
Prilosec (20 mg)	415.99	435.99	435.99	415.99	489.98	435.99	415.99
Zithromax (250 mg)	763.99	689.99	708.99	763.99	866.69	759.99	763.99
Lipitor (20 mg)	316.99	322.99	315.99	316.99	326.99	322.99	316.99
Norvasc (5 mg)	158.99	152.99	146.99	158.99	157.98	152.99	158.99
Claritin (mg)	246.99	244.99	240.99	246.99	271.69	244.99	246.99

Here are the prices for the same drugs, in quantities of 100, but compared among the types of outlets available to the patient. When regular retail outlets were contacted, for this chart, all were in the central Ohio area.

Drug	Type of Retail Outlet (Range of Prices)			
	Discount	Online	Independent	Chain
Premarin (0.625 mg)	$40.84-$49.95	$41.99-48.06	$52.07-$67.45	$58.59-$67.98
Synthroid (0.025 mg) brand name	$24.00-$30.53	$21.89-$24.95	$22.85-$32.15	$28.99-$33.98
Amoxicillin (250 mg)	$8.65-$10.48	$11.75-$25.68 (Trimox)	$13.50 (generic)-$31.85 (brand)	$31.98-$35.49 (brand)
Hydrocodone w/APAP (7.5/500 mg)	$21.95-$29.47 (generic)	$19.59-$44.31	$37.00-$49.10	$32.99-$61.69
Prozac (10 mg)	$239.30-$253.75	$212.78-$226.85	$245.00-$284.65	$274.99-$286.98
Prilosec (20 mg)	$369.00-$391.19	$330.81-$377.72	$370.00-$445.45	$400.00-$489.98
Zithromax (250 mg)	$710.83-$753.16	$1333.33-$1539.39[1]	$625.00-$698.85	$709.00-$866.69
Lipitor (20 mg)	$256.65-$274.98	$241.08-$261.50	$252.00-$326.55	$298.00-$326.69
Norvasc (5 mg)	$124.95-$130.02	$109.89-$115.95	$137.40-$152.65	$143.00-$157.98
Claritin (10 mg)	$208.32-$214.65	$188.30-$218.75	$229.34-$253.75	$227.00-$271.69

[1]These prices are projected upwards based on smaller amounts than 100 units. Online requests for prices for 100 units were not answered.

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Practice Tips

Group practice exchange

Guaranteed better service

What would happen if you offered patients a 100% unconditional, money-back satisfaction guarantee for service?

Would you be willing to pay $50 to a patient who complains about fidgeting for an hour in the waiting room because no one said the doctor has an emergency and is running late? Would there be a stampede of "pay-me" complaints if your practice was held accountable for open access to appointment, check-in/check-out processing, or lengthy holding patterns in the waiting room or examination rooms?

Group Health Associates (GHA), a large, physician-owned, multispecialty group serving the Greater Cincinnati area, recently launched a "Guaranteed Service Excellence" program, and there was no stampede. In fact, of the group's 438,618 patient visits since the beginning of this year, only 0.05% of those visits have resulted in a service-related complaint. This outcome, in a practice with 10 medical centers and 111 physicians, shows that guaranteeing excellent service need not provoke angst.

But offering such a guarantee is the tip of an iceberg. It could be a disaster unless a huge amount of troubleshooting and internal management restructuring is done before a guaranteed service program is offered to patients.

"It's two-and-a-half years since we first heard of the concept," explains Gary Weisenberger, MD, a pediatrician who is also GHA's chairperson. Janet Gaffin, the quality improvement manager, explains that GHA studied and visited the Massachusetts group that had successfully implemented a similar guarantee. Based on that program, a core group of seven GHA decision-makers, including Dr. Weisenberger and Gaffin, built a service guarantee program along with the internal structure to support it.

"It's critical that the decision to guarantee service in a medical practice comes from the top of the organization. Our board of directors initiated the process in August of 1997," says Dr. Weisenberger. The program went "live" in April 1999. In between, GHA analyzed past complaints, conducted employee focus groups, strategy sessions, trial runs, and further debugged their system within their centers.

"We looked to everyone in the organization to identify the problems, so we could develop an infrastructure that would take care of problems before they start," says Tom Ducro, vice president and administrator for GHA.

"In retrospect, we know what the problems were. It's basic stuff — communications, courtesy and respecting people's time," explains Gaffin.

Patients can invoke the guarantee by mailing a postage-free card, calling the Patient Services Department or sending a message via the GHA Web site. "We wanted to make it easy, worthwhile for the patient's time, and somewhat painful to us," explains Dr. Weisenberger. Gaffin adds that additional goals were to sustain patient loyalty and provide an unconditional guarantee without too many "hoops."

"Paying the $50 is the easy part," says Dr. Weisenberger. "The power is in our taking each of these complaints seriously and investigating each and every one of them."

Each medical center has its leadership team that directs the service guarantee process at that location. Each complaint is referred to a root cause analysis team, which digs down to uncover the source of the problem. This could be an entire process that needs to be fixed, or a simple change that will satisfy the patient. But, as Gaffin explains, "We are not guaranteeing medical care or benefits, only service."

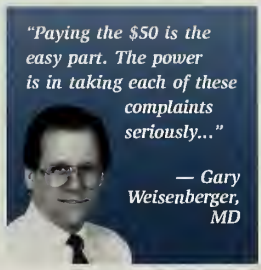
Both teams are comprised of physicians, managers, office workers and support staff. "It's critical to involve more than one person in each center for the problem-solving aspect," says Dr. Weisenberger.

Every patient invoking the guarantee receives a fast response, either a letter with a check or an explanation that the problem was not a service-related issue. A follow-up letter for all service-related complaints explains what was done to correct the problem.

"We did a follow-up survey of patients who invoked the guarantee and found that the large majority were very pleased with the action we took, and will continue coming to GHA," says Gaffin. "We feel that the guarantee is an important patient retention tool."

Although initially, there was some concern that patients would take advantage of the service guarantee and the $50 payment, that hasn't happened. "Our goal is to build patient loyalty and increase retention," says Dr. Weisenberger. ■

— Yvonne H. Burry



Waiting rooms that work

This award-winning clinic is designed to set a positive tone for pediatric patients and families who come to the Ambulatory Pediatric Clinic at Toledo Children's Hospital for care. The colorful, abstract, geometric theme and details resulted from a collaboration among the architect, local families and Ohio artists. Engaging elements include: changing, on-loan children's art exhibits, displayed at their level; sky-lit stained glass, reminiscent of the Toledo glass making tradition; and overhead television brackets that are beyond utilitarian. Seating and distractions are set at varying heights, addressing all age groups' stimulation and comfort needs. The distinctive custom interior cost per square foot: $116.50, less than some interiors furnished from standard sources. This design won the 1999 Modern Healthcare Design Award, co-sponsored by the American Institute of Architects Academy of Architecture for Health. Architect: Joseph F. Kuspan, AIA, Karlsberger Companies. ■

— Carol Larimer

Modular cubicles
For intake/assessment. Expedites patient flow, accommodates floor-plan changes.

Curving steel channels
Holds televisions and brightly colored gears, pulleys and clogs.

Neutral walls
Balances strong palette of opposite walls.

Photograph courtesy of Karlsberger Companies, © Lumen Architectural Photography

Butcher block
Durable. Visual interest heightened when combined with multicolored epoxy.

Table/bench units
Varying heights provide seating for all ages.

Geometric patterned flooring
Carries out playful theme and is visually interesting

Colleagues

STEVEN BREZNY, MD, Columbus, OH, Ohio Academy of Family Physicians (OAFP) member, has been appointed to serve as a member of the American Academy of Family Physicians (AAFP) Commission on Quality and Scope of Practice for 2000. AAFP is one of the largest medical specialty organizations for family physicians.

DALE H. COWAN, MD, Independence, OH, recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Marymount Hospital. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons. Dr. Cowan is among a national network of more than 1,800 volunteer Cancer Liaison Physicians who provide leadership and support to the Approvals Program, and other Commission on Cancer activities.

JAMES GARFIELD, MD, Cincinnati, has recently been named senior medical director for Southwest UnitedHealthcare of Ohio.

KEVIN GRANNAN, MD, Cincinnati, recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Good Samaritan Hospital. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons.

DOUGLAS HANTO, MD, PhD, Cincinnati, has been appointed medical director of LifeCenter. Dr. Hanto has been the director of the adult liver transplant program at University Hospital since 1991.

NICHOLAS J. LEONARDY, MD, Toledo, OH, was recently named chief of the section of retinology at St. Vincent Mercy Medical Center.

THOMAS J. MEHELAS, MD, Toledo, OH, received the Class of '99 Award from the Northwest Ohio Chapter of the Multiple Sclerosis Society.

ROBERT OSHER, MD, Cincinnati, medical director of the Cincinnati Eye Institute, was awarded one of the five first prizes at the Video Competition sponsored by the European Society of Cataract and Refractive Surgery in Vienna, Austria. Dr. Osher's video dealt with the first series of patients operated upon in the United States who received an artificial iris at the time of small incision cataract surgery.

JAMES G. RAVIN, MD, Toledo, OH, was honored by the board of trustees of the American Academy of Ophthalmology with its Senior Achievement Award for 20 years of "distinguished service in the programs of this society."

G. JAMES SAMMARCO, MD, Toledo, OH, was chosen Distinguished International Lecturer at the recently held Congress of the International Federation of Foot and Ankle Societies (IFFAS) XXth CIP Meeting. Dr. Sammarco spoke on fatigue fracture and primary care of foot and ankle injuries in athletes.

DANIEL D. SEDMAK, MD, Columbus, OH, chair of the OSU Department of Pathology, has been named interim dean of the OSU College of Medicine and Public Health.

THOMAS SHOCKLEY, JR, MD, Toledo, OH, has been chosen by Cincinnati State Technical and Community College to provide medical coverage and athletic training services for their men's and women's athletic program. Dr. Shockley, an orthopedic surgeon, will serve as Cincinnati State's medical director and chief team physician.

MICHAEL E. STARK, MD, FACS, Toledo, OH, has been named one of eight people nationwide to serve on a subcommittee of the American College of Surgeons (ACS), which is charged with oversight of the involvement of the physician-liaison program of the (ACS) in realizing the American Cancer Society's goals of reducing the incidence of cancer by 50%, reducing the mortality of cancer by 50% and improving the quality of life for cancer survivors by 2015.

ADA STEWART, MD, Toledo, OH, has been appointed to serve as a member of the American Academy of Family Physicians (AAFP) Committee on Special Constituencies for 2000. ■

Portrait

One voice can make a difference in creating a healthier Ohio. Just ask Bowling Green family practitioner Wayne Bell, MD, who was responsible for crafting the just enacted asthma bill allowing children direct access to their inhalers in school.

Disillusioned with Canada's socialized medicine, Wayne Bell, MD, relocated to the United States four years ago, with hopes of reclaiming a voice in medicine. As a family medicine practitioner at Wood County Hospital in Bowling Green, Dr. Bell is making his voice heard.

Dr. Bell

While practicing family medicine and anesthesia in Canada, he became interested in respiratory diseases. "Canada was ahead of the United States in recognizing that asthma had an inflammatory basis and had to be treated accordingly," claims Dr. Bell. Once in the United States, Dr. Bell realized that, unlike in Canada, the young asthmatic patients he was treating did not have direct access to their medications while in school. With zero tolerance to drugs in schools and concerns over liability, medications, like inhalers, were kept locked in the school nurse's office.

"We empower children when we teach them how to use asthma inhalers. If they're short of breath, why shouldn't they be able to use them immediately? They can carry their inhalers in society, why not in school?" questioned Dr. Bell.

He posed this question to his local state representative, Randy Gardner (R-Bowling Green). As a former teacher, Rep. Gardner remembered instances of asthmatic schoolchildren having medical difficulties, and agreed to introduce a bill into the Legislature allowing children to carry their inhalers with them.

Rep. Gardner obtained a copy of a similar bill passed in Wisconsin, and began drafting a bill for Ohio. After a year-long process, Ohio's asthma inhaler law (HB 121) passed in both the House and the Senate. This past August, Gov. Taft signed the bill into law, which became effective on Nov. 3, 1999.

"Crafting a bill is an exercise in democracy and compromise," says Dr. Bell. He cites Ohio's asthma inhaler law as a good example of a team of health-care professionals working to-gether to protect patients. "I'm proud that I stimulated the interest to get it started, and provided some of the documentation," says Dr. Bell.

Ohio is one of the few states that has this kind of legislation. "Too often, as physicians, we think we have no impact upon the system. Yet, if you have a cause that is just, you can enact change. As a single voice, you can make a difference," says Dr. Bell. ■

— Pamela J. Willits

Obituaries

HENRY LEE BOOKWALTER, MD, Columbiana, OH, Case Western Reserve University, School of Medicine, Cleveland, 1935; age 90; died Dec. 2, 1999.

J. GEORGE MCCRACKEN, MD, Mentor, OH, University of Toronto Faculty of Medicine, Toronto, 1935; age 91; died Dec. 7, 1999.

ISRAEL PENN, MD, Cincinnati, Medical School University of the Witwatersrand, Johannesburg, South Africa, 1952; age 69; died Nov. 18, 1999.

ARTHUR E. RAPPOPORT, MD, Vero Beach, FL, Medizinische Fakultaet der Universitaet Hamburg, Hamburg Germany, 1936; age 87; died Dec. 8, 1999.

JULIAN SILECKY, MD, Lorain, OH, Medizinische Fakultaet der Ludwig Maximiliams Universitaet, Muenchen, Bayern, Germany, 1950; age 79; died Dec. 10, 1999.

WILBERT P. SKIRBALL, MD, Sarasota, FL, Ohio State University, College of Medicine, Columbus, OH, 1943; age 80; died Nov. 10, 1999. ■

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A Publication of the Ohio State Medical Association

Ohio Medicine

March 2000

3

Who knows what about you? Information about your education, hospital affiliation, even disciplinary actions can be found on the Internet. How accurate is this information? Not very, one doctor found.

8

Two new field representatives are serving as the OSMA's voice and ears. Now, northeast, central and southwest Ohio physicians have a face to put with the association's services.

10

The OSMA Annual Meeting 2000 will be held in Dayton, May 5–7. The House convenes at 10 a.m. Saturday, and completes its business on Sunday. Walter Wielkiewicz, MD, will be installed as OSMA president on Saturday.

12

Landing a big-name speaker can be done, no matter what size your audience. It just takes collaboration, attention to detail, and a few phone calls.

Tips for your practice

Everything you've ever wanted to know about coding 10

How one practice solved its $30,000 problem.....15

Clearing the confusion over consults and referrals 16

A yellow pages designed for you.....21

Limits placed on APN prescribing

The prescriptive authority now granted to Ohio APNs is far more limited than the prescriptive rights granted to nurses in the 49 other states.

Ohio recently became the last state in the union to grant prescribing rights to Advanced Practice Nurses. However, Ohio's APN legislation falls far short of the scope of practice expansion originally sought by the nurses and the prescriptive authority granted to APNs in Ohio is far more limited than the prescriptive rights granted to APNs in the 49 other states — some of which permit APNs to independently prescribe.

- Ohio is the only state to require APNs to serve a one-year externship.
- To prevent abuse of the system, no one physician can supervise or collaborate with more than three APNs at any one time.
- A joint committee of physicians and nurses (not *just* nurses) will write the rules regarding how frequently physicians must review APN charts, how far away from the physician's practice APNs may work, what particular drugs APNs may prescribe, and how the collaboration and protocols will work.
- In order to qualify for prescribing rights, APNs will be required to have, in most instances, a master's degree in Advanced Practice Nursing, and a prescribed number of hours of pharmacology.
- The state medical board will still have oversight of the unauthorized practice of medicine, allowing it to subpoena records, if necessary, to determine whether or not an APN may have engaged in the unauthorized practice of medicine. ■

Take Action

If you have questions or need more information about the new nurse-prescribing law, contact Marla Eshelman Bump, Department of Legislation, (800) 766-6762, Ext. 6741, e-mail: *eshelmon@osmo.org*.

OSMA focuses on compliance

How do you comply with the thousands of regulations and rules that affect your practice? A program this month will set the groundwork for a more in-depth look at this subject.

Fraud and abuse is much on the mind of the federal government. Consider the fraud and abuse "hot target" list released each year by the Office of the Inspector General, as well as the new Health Care Integrity and Protection Data Bank that collects information on providers found guilty of fraud and abuse charges. Yet compliance isn't always easy when faced with the multitude of complex rules and regulations that govern the bulk of your practice.

That's why the OSMA will offer a program focused on compliance in Columbus on Thursday, March 16.

"The program is geared for the physician, practice manager or staff member who works in the area of compliance," says Susan Rupli, director, OSMA Group Practice. It will, she adds, show participants how to write and implement a comprehensive compliance plan for their offices.

The compliance program will be held at the OSMA headquarters, 3401 Mill Run Drive, Hilliard, Ohio. ■

Take Action

You may register for the compliance program online at www.osma.org, or contact Amy Johnston, OSMA Meeting Management, (800) 766-6762, Ext. 6726 to register or for more information.

Breaking News

The state terminated its Medicaid contract with Total Health Care, Inc. For additional information, visit the "hot news" section of the OSMA Web site (www.osma.org) or call the OSMA reader response line at (800) 766-6762, Ext. 6580 and ask for Item #10-00.

OSMA
3401 Mill Run Drive
Hilliard, OH 43026
(614) 527-6762 • (800) 766-6762

Bills, Laws & Rules

Who knows what about you

Your patients, creditors, lawyers and others can learn more about you than you think. It pays to know who is providing what information, and how accurate that information is.

One reason to question the need for proposed legislation to profile physicians (**House Bill 475**) is that there is a wealth of information *already* available to the public, third-parties and others about physicians. Anyone, for example, can call the State Medical Board of Ohio and learn your address, educational background, licensing information and status of your CME hours. Your Social Security number and open complaints against you are, by law, confidential, but the rest of your licensure information is fair game, and if the board takes disciplinary action against you, that information is also available for scrutiny. The medical board makes all of this information available on its Web site (*www.state.oh.us/med*)

Sources vary

The medical board is not alone in publishing information about you on the Internet. If the hospital where you're on staff has an online physician-referral page, it may post anything from your specialty interests to your office hours. St. Luke's Hospital in Maumee, for example, notes whether a doctor is taking new patients. Adena Health System in Chillicothe provides photos and educational background. Cleveland Clinic also includes tenure information and a link to make an appointment. Several county medical societies provide information about licensure and professional affiliations, and a variety of consumer sites pull in information from medical boards and professional directories. The federal government, too, gets into the act. The Department of Health and Human Services' Health Resources & Services Administration, for example, has two fraud-related databanks online, though access to physician information is restricted.

Web sites aren't the only links to physician information, of course. Each year, hundreds of directories are released as consumer guides; sources list the "best and the worst" physicians; and news stories relate which doctors other health-care professionals would use.

Info not always accurate

A disturbing aspect is that many physicians are unaware this public information exists. Recently, Theodore Nichols, MD, the senior vice president of Medical Affairs for the Lake Hospital System, sent a memo to the medical staff alerting them to a Web site that provides information to the public, "without our knowledge." This particular site, *www.thehealthpages.com*, provides information about practices, addresses, telephone numbers, insurance plans accepted, schools attended, and more. It provides a direct link to the State Medical Board of Ohio for additional information, and offers a place for patients to rate the physician's performance. Dr. Nichols found that information on his listing was inaccurate, and he lodged a complaint with two physicians, members of the site's board of directors, about the accuracy of information the site provides.

Recourse is iffy

According to Nancy Gillette, JD, OSMA Division of Legal Affairs, physicians may sue a Web site or printed source for libel if inaccurate information is released, but, as with newspapers, this could be a difficult case to prove. "There has to be malicious intent," says Gillette. "The physician would have to prove that the Web site deliberately set out to harm that physician by providing inaccurate data. Also, a Web site might carry a disclaimer that says the information posted has not been verified or it makes no guarantees or representations about the information."

"The most disturbing aspect is the inaccuracy of the information provided..."
Theodore Nichols, MD
Lake Hospital System

It would be impossible to list, here, *all* public sources that provide physician information. However, *Ohio Medicine* has pulled together a list of nine Web sites that supply such information. You may want to check them out. ■
— Jan Leibovitz Alloy

WEB SITES FEATURING PHYSICIANS

WHO AND WHERE:	WHAT:	HOW TO CHECK:
A of M/Cincy Info source: State medical board *www. academyofmedicine.org*	Education, licensure, hospital affiliations, office locations	Log onto site Click on "Find a physician" Type in name
AMA Physician Select* Accredit agencies, med schools, resid. training, licensing boards *www.ama-assn.org/aps*	Specialty, education, office hrs., hospital/ insurance affiliations	Site allows physician updates Log onto site Click "Doctor-Finder"
Amer. Board of Medical Specialties* Physicians subscribe to be listed *www.certifieddoctor.org*	Board certifications, hospital, plan affiliations	Log onto site
DocFinder* State medical boards *www.docboard.org*	Links to license agencies	Check info. on state medical board site
HIPDB Entities required to report actions *www.npdb-hipdb.com*	Adverse licensure actions, clinical privilege actions, professional society membership actions, fraud charges	Must be registered
Health pages* State dept. of insurance, professional associations, plans *www.thehealthpages.com*	Services, certification, education, hospital and insurance affiliations, patient ratings	Log onto site Click on "Physicians" on home page, select Ohio, then type in name
NPDB Entities required to report actions *www.npdb-hipdb.com*	Licensure, professional society memberships, malpractice payment history	Must be registered (See related story on pg. 18)
Stark Co. Medical Society Member files *www.starkmedical.org*	Medical education, professional affiliations	Log onto site Click onto "Physician Finder" Type in name
Medical board* Reports from enrollees *www.state.oh.us/med*	Specialty, ID number, education, license status CMEs, formal actions	Log onto site Click on "Licensee profile/status" Type in name

**Sites that run with disclaimers regarding accuracy of information*

Take Action

If you know of a Web site or other public source that lists physician information, please fax or e-mail the Web site address, or publisher information to Karen Edwards, *Ohio Medicine*, Fax: (800) 766-6763, e-mail: ohiomed@osmo.org. We will periodically publish a list of these sites or sources to let readers know about them.

Bills, Laws & Rules

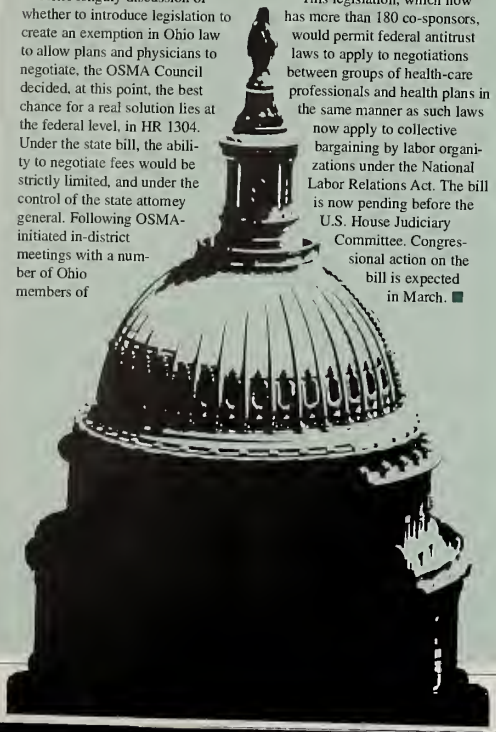
Support builds for antitrust relief

The OSMA is focusing its antitrust relief efforts on promoting the passage of a federal bill, HR 1304, the Quality Health Care Coalition Act of 1999.

The Quality Health Care Coalition Act of 1999, federal House Resolution 1304 (also known as the Campbell bill), has four new Ohio co-sponsors, thanks to the efforts of the OSMA and its members.

After lengthy discussion of whether to introduce legislation to create an exemption in Ohio law to allow plans and physicians to negotiate, the OSMA Council decided, at this point, the best chance for a real solution lies at the federal level, in HR 1304. Under the state bill, the ability to negotiate fees would be strictly limited, and under the control of the state attorney general. Following OSMA-initiated in-district meetings with a number of Ohio members of Congress, the following Ohio representatives have signed on as co-sponsors of the Campbell bill: Tom Sawyer (D-Akron), Steve LaTourette (R-Painesville), Paul Gillmor (R-Port Clinton), Tony Hall (D-Dayton) and Jim Traficant (D-Youngstown). Other Ohio members who were already co-sponsors include Sherrod Brown (D-Elyria), Marcy Kaptur (D-Toledo) and Bob Ney (R-Bellaire).

This legislation, which now has more than 180 co-sponsors, would permit federal antitrust laws to apply to negotiations between groups of health-care professionals and health plans in the same manner as such laws now apply to collective bargaining by labor organizations under the National Labor Relations Act. The bill is now pending before the U.S. House Judiciary Committee. Congressional action on the bill is expected in March. ■



Medicaid study committee

A disappointing report

Status quo isn't an option. The provider community wants assurance that continuation of Medicaid managed care won't result in more financial risks.

The work of the Medicaid Managed Care Study Committee, charged by the Legislature with examining Ohioans' access to health care, proved disappointing.

The committee's final report did little more than reaffirm the status quo of the state's Medicaid system, including its experimental managed-care program. That prompted the OSMA as well as several health-care professional associations to send a letter to Gov. Bob Taft expressing regrets over the committee's findings.

"This stubborn devotion to the Medicaid HMO experiment is particularly troubling in light of the almost overwhelming evidence of its failure to achieve any of its intended goals," the OSMA wrote. "In the course of this experiment, HMOs providing coverage to more than a third of the enrolled population have gone bankrupt or otherwise defaulted, leaving providers stuck with more than $30 million in unpaid claims. The impact on consumers is equally dramatic, as insolvencies and defections cause them to be shifted from plan to plan..."

The "provider community" outlined four actions the state should take to assure that continuation of Medicaid's experiment won't result in undue financial risk. The four steps are:

1. Instruct the Ohio Department of Insurance (ODI) to perform on-site examination of each Medicaid managed-care plan to ensure the entities are financially viable.
2. Instruct ODI to examine all Medicaid managed-care plans' current accounts payable and claims payment records to determine that they are currently in compliance with contractual or statutory prompt pay requirements.
3. Instruct ODI to examine all Medicaid managed-care plan provider contracts to ensure that no subcontract passes insurance risk to a health-care provider, in violation of Ohio law.
4. Instruct the Office of Medicaid to define the specific data elements needed for the processing of a clean claim, and use those clean claim standards to strictly enforce contractual and statutory prompt pay provisions.

Ohio Medicine will update you on any results. ■

Bills, Laws & Rules

A needling measure

Needle stick injuries are a concern in many physician offices. Now there is concern at the Statehouse, too.

Sen. Dan Brady (D-Cleveland) has introduced **Senate Bill 183** which requires public hospital employers to:

- Establish a committee to evaluate products that reduce the risk of spreading blood-borne pathogens; and
- Include use of needleless systems and sharps with engineered sharps and injury protection.

In addition, employers will also need to develop a written exposure plan, ensure the training of employees in the use of needleless systems, and maintain records related to needle stick injuries.

The proposed law is similar to a law recently passed in California, although that state encompassed both public and private employers (including physicians' offices) in its statute. (For more information about the California law, and what you can learn from it, see story on page 18.)

The Senate has passed the bill, and it's currently under consideration in the House.

The OSMA has placed this bill under advisement. ■

Should birth defects be recorded?

An estimated 6,400 babies in Ohio each year are born with birth defects. Rep. Amy Salerno (R-Columbus) believes that the state should create an information system to record and track birth defects so that parents can be contacted about resources that can provide them with assistance. For that reason, she has introduced **House Bill 534.**

The information can also be used by the Ohio Department of Health, she says, to identify the incidence of birth abnormalities; estimate the economic impact of defects; guide activities and resource allocation; and plan research and prevention efforts. ■

Med board's new officers

Two Cincinnati OB-GYNs have taken on the top two posts at the State Medical Board of Ohio. Carol L. Egner, MD, has stepped into the role of president, and Anant R. Bhati, MD, is the board's new vice-president. Anand G. Garg, MD, PhD, Boardman, will serve his third term as board secretary. Consumer member Raymond Albert of Amanda is in his seventh term as the board's supervising member. ■

Carol L. Egner, MD

Raymond J. Albert

9-1-1 or H-M-O?

In an emergency, patients should call their local 9-1-1 line, not a line operated by a plan or carrier, says Sen. Robert Hagan (D-Youngstown). That's why he has introduced **Senate Bill 194.**

Believe it or not, at least one HMO, operating in a different state, has told its enrollees — in case of emergency, dial us, and provides them with a special number which allows the HMO to assess whether or not the patient is in a true emergency before sending emergency help. Sen. Hagan's bill would prohibit HMOs operating in Ohio from establishing similar policies. ■

Medical Board Report

Doctor cited for online prescribing

The criminal case of the Dublin doctor accused of trafficking drugs over the Internet is set to be heard this spring. His medical board hearing will likely be this summer.

The State Medical Board of Ohio has cited Dublin family practitioner Daniel L. Thompson, MD, for prescribing so-called "embarrassment drugs" (for diet, smoking-cessation, hair-loss and impotence) over the Internet.

The board citation says Dr. Thompson committed a felony by trafficking in drugs over the Internet, and that he failed to meet minimal standards of care.

On July 9, 1999, a Franklin County grand jury criminally charged Dr. Thompson on 64 counts of selling dangerous drugs, and drug trafficking. According to the Franklin County prosecutor's office, Dr. Thompson's Web site, www.get-it-on.com, operated between September 1998 through January 1999, generating about $170,000 in gross sales. Operation of the site was suspended last March. ■

Bumgarner retires... Medical Board Executive Director Ray Bumgarner will retire in June. He'll be replaced by Tom Dilling. The board's current government affairs director.

Ray Bumgarner

Letters to the editor

OHIC clarifies rating

To the Editor:
OHIC Insurance Company would like to offer the following clarification based on information found in the January issue of the malpractice quarterly insert. A chart accompanying the article stated that OHIC's Standard & Poor's rating is an "NR — rating withdrawn." While we chose not be be rated by S&P, the statement appeared misleading and led to several concerned calls. To alleviate any concerns, we felt it appropriate to respond.

The way the statement read left some with the impression that S&P withdrew our rating. This is far from the truth. In fact, it was a business decision of the HUM Group, which included OHIC, that we disengage S&P. In other words, we elected not to pay S&P for their rating.

This withdrawal should not be read as a signal of any concern, financial or otherwise, related to OHIC or our parent, Healthcare Underwriters Mutual. On the contrary, we remain very strong and committed to serving the needs of all health-care providers. If it was the intent of the HUM Group at some point to demutualize and become a public company, then an S&P rating would be important.

The HUM Group has consistently believed that an A.M. Best rating is the most important and widely recognized rating for insurance companies. Its 100-year history of providing company ratings offers the most accurate representation of the industry, and the stability of the carriers operating within. Both OHIC and the HUM Group continue to maintain an excellent A.M. Best rating.

We appreciate the opportunity to offer an explanation to your membership.

Sincerely,

Timothy O. Wiechers, JD
Senior Vice President,
OHIC Insurance Company

In the field: The association's voice and ears

OSMA has expanded its field service program into central and southwest Ohio.

When it comes to member knowledge about OSMA issues and activities, field representatives can make a difference, says Doug Evans, director of membership services.

"A survey conducted last year of new members throughout the state showed that physicians in northeast Ohio knew more about the issues and services of the OSMA than did new members in other parts of the state," he says.

That's largely attributable to OSMA field representative Ben Reynolds who, for two years, has called on new and existing members in a 13-county area in northeast Ohio to serve as an OSMA outreach resource. He relates OSMA activities and benefits, and allows them to put a "face" with their association. Now, more members will be able to do the same.

The OSMA is expanding its field service operations to include central and southwest Ohio. Paul Gapske will cover the 10-county central Ohio area; Russ Dean will cover eight southwest counties (see map for territories.)

Gapske brings to the job nearly a decade's worth of managed-care troubleshooting for two Texas health systems. The Michigan native says he looks forward to the diversity of the area he will serve, and will attempt to be both the voice and ears of the association. "My job isn't just to bring the OSMA to the individual member, but also to monitor the market and environment of the central Ohio area. This will allow the association to work with the county medical societies to develop programs and services that will meet member needs."

Evans cited as an example a recent educational program for medical residents in Summit County "Education coordinators told Ben that residents needed some help in areas not covered by medical school and post-training — subjects dealing with business and socioeconomic issues. So we put together a program for that group," he says.

Listening to and acting on such member concerns has been a hallmark of Dean's career. He has served as the executive director of the Academy of Medicine of Cincinnati for eight years and he plans to continue that job in addition to his field service work. "I may be in a unique position," says Dean. Currently, a large percentage of OSMA's membership in the southwest corner of the state are Academy of Medicine members. As field rep, he will simply extend his current role. "I'm already describing OSMA services and benefits to members of Hamilton County. Now, I'll take that message to a broader audience. I've always had the philosophy that the county and the state association are not just cousins, we're joined at the hip. We need to work together." His immediate goal is to establish a presence in those counties in which OSMA has only minimal contact. "After that, I'd like to be the person that members in this area come to first with an OSMA question."

According to Evans, Council has approved a field service representative to cover 11 counties in a west-central area of the state. That position is slated to start mid-2000. Says Evans, "We think of the field service reps as high-touch resources for a high-tech age." ■

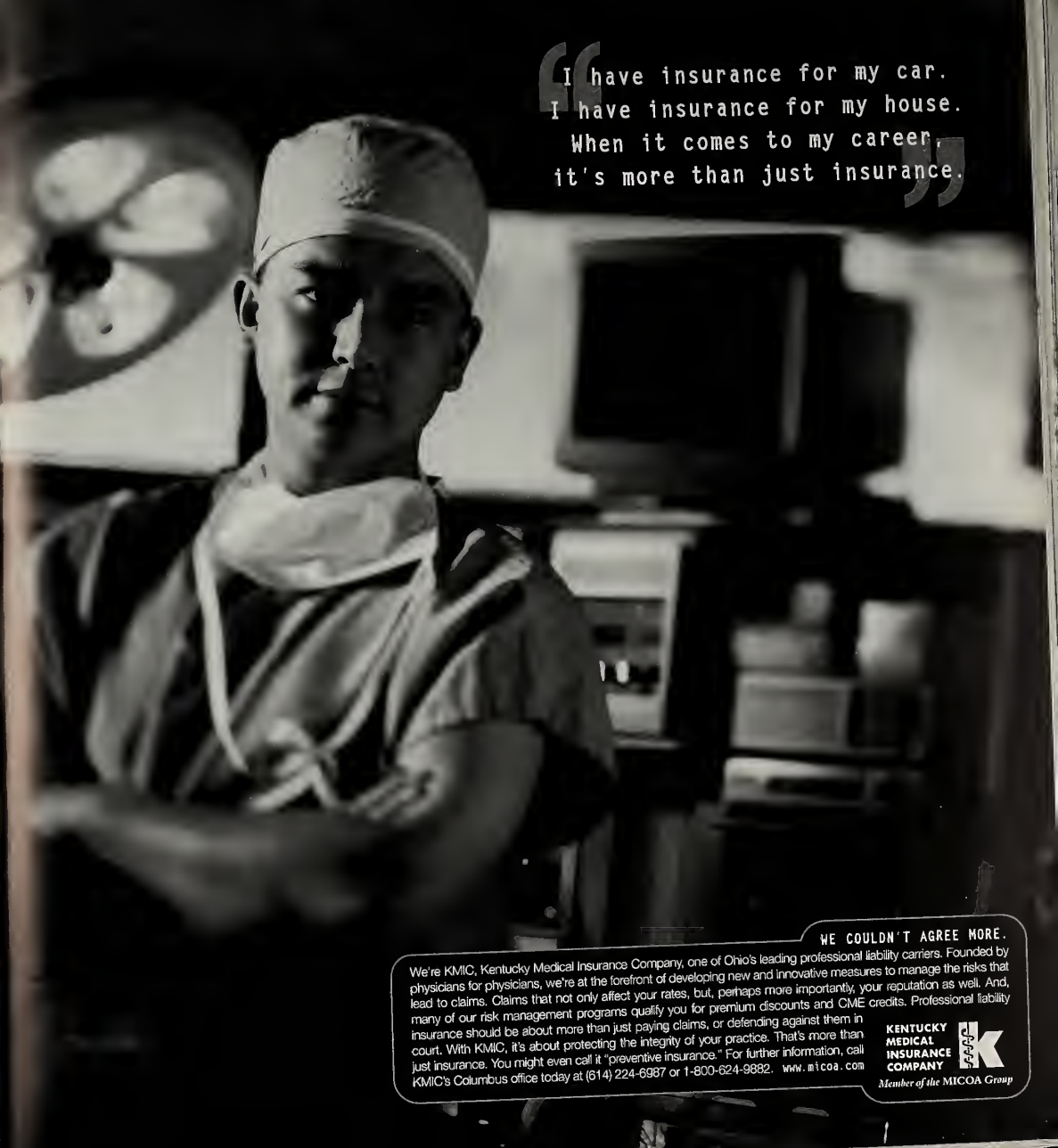
Take Action

Contact Ben Reynolds at (440) 366-5170, office or (330) 322-1401, cell phone. Call Paul Gapske at the OSMA, (800)766-6762 or (614) 527-6762. Contact Russ Dean at the Academy of Medicine of Cincinnati, (513) 421-7010.

Advice to the rookies

"Both field service representatives will be in the thick of a very challenging medical environment. They should be prepared to find opportunities for member service and potential programs every time they visit a physician. They should also strive to work with practice managers and hospital administrators, who are emerging as the new physician advocates."

—Ben Reynolds,
OSMA field service rep
Northeastern Ohio



OSMA News

2000 OSMA Annual Meeting
Schedule of Events

The OSMA Annual Meeting 2000 will be held in Dayton, May 5-7. Make plans now to attend. For information about hotel reservations or other meeting information, contact Amy Johnston, Meeting Management, (800) 766-6762, Ext. 6726.

FRIDAY, MAY 5	
8 a.m.–noon	OSMA Council meeting
1–2 p.m.	OMERF board meeting
1–5 p.m.	Organized Medical Staff Section meeting
4–5 p.m.	New delegate briefing, emergency resolutions meeting, AMA delegation
SATURDAY, MAY 6	
7–10 a.m.	District caucuses
8 a.m.	Registration, House of Delegates
8–10 a.m.	Educational session
10 a.m.	Opening Session, Presidential installation
1:30–5 p.m.	Resolutions committee hearings
4:30–6 p.m.	Candidate interviews
7–9 p.m.	Presidential reception
SUNDAY, MAY 7	
7–10 a.m.	District caucuses
8 a.m.	Registration, House of Delegates
10 a.m.	Final Session, House of Delegates
4–6:30 p.m.	OSMA Council meeting

* Deadline to submit resolutions is March 7.

Annual Meeting gives members a voice... Delegates from across Ohio will gather in Dayton May 5–7 to discuss health-care issues and to set policy for the association.

Everything you've ever wanted to know about coding... Can be learned at the OSMA's coding seminars, which begin later this month. Coding specialist Jillian Phillips (far right, talking with two previous seminar participants) will present the latest information and answer questions about ICD-9-CM diagnostic coding, and, at seminars in April, she'll present "CPT 2000." For more information about the seminar dates and locations, and to register, contact Cathy Sonnhalter, OSMA Department of Ombudsmon Services, (800) 766-6762, Ext. 6759 or register online (*www.osma.org*). Go to "Educational Services," then click on "Medical Office Management Education." *(For new information about consult and referral codes, see the article on page 16.)*

President's Perspectives

Held to the same standards

We've known about the problem for some time. Now, we intend to alert legislators.

Dr. Utlak

The problem I'm talking about, of course, is prompt pay, and thanks to a study undertaken by the OSMA on this subject last July, the facts on how prompt our payments really *are* from third parties are now in black and white:

- At 24 days (the time period stipulated by Ohio's current prompt pay law) the doctors surveyed received no response of any kind from the insurer for 50% of the claims filed.
- 80% of the (clean) claims filed were paid within 60 days, however, only 58% of these clean claims were paid within 24 days.

Ohio's prompt pay law clearly isn't working, and doctors are frustrated.

I think it's interesting, as well as telling, that in a recent survey mailed to a random sample of members — in which a number of very pressing issues were listed (including the hot topic of collective bargaining) — prompt pay was the subject that rose to the top. Obviously, the time has come to address this concern. It's why the OSMA has placed prompt pay at the top of its 2000 agenda. However, legislation won't be our only avenue for relief. The OSMA will also work with the Ohio Department of Insurance to develop an audit process for claims payment, and to create a clearly defined system that will link individual complaints to the overall market conduct of an insurance company. We will also work with individual insurance companies to address problems that arise in the claims payment process. Finally, we will work with you, our members, to help you review the claims payment provisions in contracts, so you understand when you sign the terms under which your payments will be made.

Let me add a word here regarding what the study revealed about the payment of electronic versus paper claims. Our study shows that there is a *significant* advantage to filing your claims electronically. At 24 days, doctors received no response for 64% of paper claims, but for only 32% of electronic claims. Although timeliness of payment improved for paper claims further out — after 30, 45 and 60 days — electronic claims proved to be the best way to receive payment in a timely manner. There is a lesson for us in this. Certainly, we need to jog the Legislature to do its part (again) in solving our prompt pay dilemma. But we're not entirely without responsibility. If we haven't yet made the switch to electronic bill filing, we need to think about doing so.

Yet, bottom line, insurers need to be held to certain standards with regard to paying for services. The State of Ohio is required to pay its vendors on time or be subject to interest and penalties. We're often subject to similar requirements. It's only fair that insurers be held to the same standards. We hope our efforts this year will set those standards in place. ■

Team physicians honored

E. Gregory Fisher, MD

Two physicians have received Ohio Outstanding Team Physician Awards, presented annually by the Joint Advisory committee on Sports Medicine of the OSMA, the Ohio High School Athletic Association, and the Ohio Athletic Trainers Association.

E. Gregory Fisher, MD, served as the physician for the Purcell Marian High School football team in Cincinnati for more than 20 years. An orthopedic surgeon, Dr. Fisher would arrange special days for athletes to receive their physical exams at minimal cost, then donated the money from the physicals to the school's athletic department for medical supplies.

F. Jay Ach, MD, a family practitioner, served as the team physician for Reading High School in Cincinnati from 1955 through 1980. In 1992, he was inducted into the school's Sports Hall of Fame. He also received the school's Don Murphy Blue Devil Award for his years of service and commitment to the school and its athletic teams. ■

F. Jay Ach, MD

OSMA News

Federation of Medicine

From the county files

Landing big-name speakers —no matter what your size

Your county (or hospital) can host an AMA officer or well-known clinical speaker. You just have to know where to start.

Eleanor Pershing, executive director of the Mahoning County Medical Society, knows a thing or two about landing big-name speakers. For years, she has brought top-name talent to the series of CME conferences the society hosts with the cooperation of the Northeastern Ohio Universities College of Medicine (NEOUCOM). Her secret?

"Collaborate from the beginning, interact fully and frequently with your partners, share all information during the planning and promotion process. And be a good partner yourself. Meet your deadlines and other commitments," she says.

Speakers for the joint conferences come from two sources:

Sponsors

Recently, several pharmaceutical representatives called on MCMS President Thomas N. Detesco, MD, seeking ways to participate in local and regional medical-community affairs. They proposed sponsoring a program."Sponsorships are carefully managed to avoid even the appearance of any conflicts of interest, while giving the sponsors appropriate visibility," says Martha Silling, CME director at NEOUCOM.

Sponsor names are on the registration materials and program and they, along with other medical-service firms, sometimes exhibit during the conferences. The financial goal for most MCMS seminars, says Pershing, is to have all direct expenses covered by sponsorships and exhibitors. Programs are generally free to attendees, removing one of the possible barriers to participation.

AMA

At the AMA, two main offices provide speakers.

Ellen R. Everding, director of Officer Services, manages all speaker-requests for the 20 AMA board members. "Contact us as early as possible," she says. All requests must be in writing, and will be decided and matched to board members by the AMA board chair. However, societies may first call Everding to ascertain specific availabilities or to discuss a prospective presentation topic.

"Inviting the AMA leadership has several advantages," says Pershing. "Their presence reinforces, person-to-person, the concept of AMA representing the entire federation of medicine, with opportunity for interaction with members and prospects." MCMS and NEOUCOM recently hosted Randolph D. Smoak, MD, AMA president-elect, as a conference keynote speaker.

"Success (of a conference) is measured differently by each coordinating or sponsoring partner," says Pershing. "Each has a different level of expectations, so an attendance of 12, 60, or 150 may please some and disappoint others."

By designing a good program and motivating physicians to attend, however, your conference stands a good chance of satisfying everyone involved. ■ *— Carol Larimer*

How to land a big-name speaker

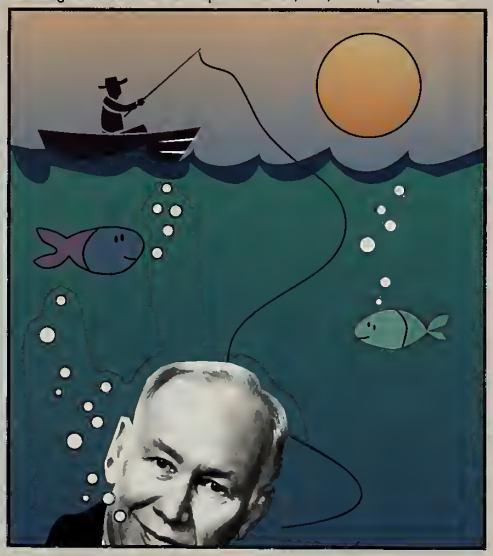
Your local pharmaceutical representative may be able to guide you to well-known speakers in clinical fields, and may provide some of the funding to bring them to your county.

The AMA is also an excellent source for speakers. When you call or write to the AMA (or any speaker source), you are likely to be asked for the following information:

- event date, time of day, and place;
- desired topic, presentation format, and presentation length;
- anticipated audience size and composition;
- any reimbursement or honoraria (neither is required by the AMA).

If you're interested in a specific AMA senior staff member or a topic that one of them might address at a high level, contact Maria Maher, assistant vice president of EVP Operations. She can be reached at (312) 464-5444. Ellen R. Everding, director of Officer Services, manages all speaker requests for the 20 AMA board members. She can be reached at (312) 464-4466. ■

The "big fish" below is Randolph D. Smook, MD, AMA president-elect.



Need a speaker — StAT!

The OSMA StAT program is always ready to meet your needs for a speaker. StAT stands for Statewide Advocacy Team, and brings to your county, hospital, group practice or other gathering a corps of OSMA staff members who will speak on medicine's most pressing concerns, and how organized medicine is responding to these issues.

Presentations are specifically tailored to the group's area(s) of interest. Included in a StAT presentation are:

- A review of OSMA benefits and services, including legislative and regulatory advocacy; ombudsman and professional services; continuing medical education; practice management; and legal services, including contract reviews.
- A rundown on how members can become involved on issues, and how nonmembers can join organized medicine's ranks; and
- Information about county society and AMA activities and benefits.

If you would like StAT to come to your area, contact Lucy Kitner, Division of Membership Services, (800) 766-6762, Ext. 6776.

OSMA staff members Lucy Kitner (far left), Jennifer Hyle, and Nick Loshutka prepare a recent presentation. StAT travels all over the state to bring you news of medicine's greatest concerns and how organized medicine is responding.

OSMA News

Federation of Medicine

AMA report

Accountability: It's not the only answer

When it comes to health-system error, doctors need a forum in which they can discuss the problem and potential solutions — without the possibility of lawsuits.

The AMA stepped up to the plate shortly after the Institute of Medicine released its report on health-system errors. AMA Immediate Past President Nancy W. Dickey, MD, spoke before the Senate Committee on Health, Education, Labor and Pensions recently, assuring the government that the AMA and the profession of medicine have led efforts to reduce the possibility of health-system errors.

Dr. Abromowitz

"However, separate from this system of accountability," Dr. Dickey told legislators, "there must be a system where medical professionals can convene to discuss patient safety problems, and potential solutions without having their discussion become the basis for lawsuits."

The AMA pledges to work with Congress and other health-care partners to find solutions. Funding research into analyzing current error reporting systems and conducting follow-up action is certainly one way we can achieve a system that is safe for our patients.

PRN organizes first group... The new AMA-created collective bargaining unit, known as Physicians for Responsible Negotiation (PRN), is on its way to organizing its first group — 27 Detroit physicians who are concerned that their employer is not including their input in business decisions, affecting the quality of patient care. PRN has asked the National Labor Relations Board (NLRB) for permission to formally organize the group. If the NLRB approves the organization, an election will be held to determine if PRN will serve as the group's negotiating organization. By the time you read this, PRN may well be on its way as an official collective bargaining unit.

On the campaign trail with National House Call... As Election Year 2000 shapes up, you can expect to see a continuing AMA presence as the Federation travels across the country, pressing candidates and educating voters on the need to make health care a priority issue. This barnstorming effort, called the AMA National House Call, has already resulted in positive media coverage and meetings with legislative candidates. Watch for this mobile campaign effort in Ohio when candidates begin stumping here.

Fraud and abuse tutorial... Check out the newly launched AMA fraud and abuse tutorial on the AMA's Web site, *www.ama-assn.org/fedreg.htm*. The site will help you better understand compliance plans, and how to develop one for your practice. Fraud and abuse scrutiny isn't going to go away, so compliance has become a more important issue than ever. (The OSMA is also beginning to focus on this subject, see front page story.) ■

Practice Tips

Ombudsman case study #1

The $30,000 solution

The Ombudsman Services Department is now tracking the types of problems and issues it addresses to help the OSMA identify trends and apply the lessons learned for the benefit of all members. By reporting on some of these "case studies," the OSMA has a three-fold purpose:

1. Educate members, enabling them to use some of these techniques in their own situations;
2. Encourage members to access these member-only professional services; and
3. Document any patterns of unfavorable behavior or policies by any third-party.

Practice type: Neurology
Other party: Nationwide Medicare

The challenge:

- A consistent denial of properly submitted claims and lack of payments for radioblation procedures for patients with degenerative disk disease of the lumbar spine.
- Applicable CPT codes are 64442 and 64443.
- The indicated treatment is considered within the standards of care.

Supporting factors:

- Medicare's "New Medical Policy" 1-97, pp. 18-19, details approval of the procedure for these patients' presentation.
- Additional documentation of coverage is provided in "Medicare Part B Policy Manual, Rev.3/97" pp. NER 1-8.
- Prior approval had been obtained from Medicare by the medical office.

Exacerbating factors:

- Some initial claims were beginning to age out.
- Some resubmissions were being marked as duplicates and were being denied on that basis.
- The codes weren't in the handbook, this code set was automatically pulled from auto-processing for manual review. When Medicare processing staff couldn't find the codes, they denied the claims.

Ombudsman solution:

- Based on experience and relationships with the Medicare staff, several phone calls were exchanged to establish the situation, then, a clear and complete letter was sent to the Nationwide Medicare Operations Medical Director.

Results:

- Within one week, the three cases referenced in the Ombudsman letter were reopened, and paid within one month.
- The remaining 12 similar cases were subsequently pursued by the medical office, using the OSMA ombudsman's procedures; these cases were also promptly approved and paid, recovering approximately $30,000 for the practice. ■ — *Carol Larimer*

Take Action

If you need help with coding, practice management, or third-party payor problems, contact the OSMA Department of Ombudsman Services, (800) 766-6762, Ext. 6759 or e-mail: *ombud@osma.org*.

Muddling through Medicare

New help for your Medicare patients

The state's peer review organization, KePRO, Inc., hopes to help clear up the fog surrounding Medicare forms and paperwork with its new Consumer Advisory Committee (CAC).

As chair of the new committee, former OSMA staff member Bob Clinger's focus is to "have elderly people realize there are resources out there to help them muddle through Medicare issues." Clinger once boarded a plane and flew to Florida to help his widowed mother complete her Medicare forms, so he knows about the confusion firsthand.

Suzana Iveljic, KePRO Inc.'s communications and project support manager, puts it like this: "They (the committee members) keep us abreast of the Medicare beneficiaries' questions and concerns throughout the state."

Committee members (which include Bill Fry, retiring director of OSMA's Department of Ombudsman Services) have already suggested that the CAC determine:

- Where and how to fill in the "education gap" among inpatient Medicare beneficiaries who do not speak English.
- How to reach and communicate more effectively with Medicare beneficiaries who are homebound; and
- How to network with organizations that work with Medicare beneficiaries.

Members will also discuss listing KePRO in directories of appropriate senior citizen organizations and agencies, and linking KePRO's Web site, planned for development this year, to such organizations and agencies. ■ — *Jan Leibovitz Alloy*

Practice Tips

Clearing the confusion about consults and referrals

Consult or referrol? Speciolists hove tongled with this question for years. Now, HCFA soys thot os long os the "three Rs"— request, render, report — ore performed ond documented, o consult may be billed.

Specialists have historically believed that anytime a patient presents to their office/outpatient or inpatient setting, it is a consult. Period. This may or may not be the case, as most of the time, if a general practitioner or internist sent the patient to them for a specific problem, it was more than likely a referral for treatment and/or care. However, according to HCFA, as long as the three Rs (see related story) are performed and documented, then a consult may be billed. The documentation guidelines for consultations require that all three key components — 1.) history, 2.) exam, and 3.) medical decision-making — be performed and accounted for in the patient's medical record, and the level of service is selected based on how much of each are recorded. The golden rule of coding applies in this as in all other instances. "If it's not documented, it wasn't done."

For specialists struggling between coding for a consult or referral, a few new guidelines are outlined in the chart at the right. *The OSMA offers coding seminars. See story on page 10.*

Medicare's "Three Rs"

As long as the three Rs (Request, Render, Report) are performed and documented in the patient's medical records, physicians may breathe a little easier when billing either a consult or referral. Specifically, the rules, as stated in the Medicare Carriers Manual **Sec. B3 15506** (Revised 8/99) are as follows:

1. **Request** from an appropriate source for the opinion and/or advice of another physician with the medical necessity of it (i.e., "need" for it "now") documented in the medical record (i.e., someone must be "waiting" for this information.);
2. After the evaluation of the patient in question, the consulting physician writes a progress note (see *Caution about Written Reports*), **rendering** his/her opinion;
3. After the consultation is provided, the consultant prepares a written **report** of his/her findings which is provided to the referring physician.

New guidelines help determine proper code

Office/outpatient services (Consultation vs. visit) (MCM Sec. B3 15506.A)
Unless it's a patient/family-generated confirmatory consultation, a consultation is distinguished from a visit because it is provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or an other appropriate source. This request, and the need for it, must be documented in the medical record. After it's provided, a written report is prepared, which is then provided to the referring physician.

Consultations requested by members of the same group (MCM Sec. B3 15506.C)
If one physician in a group practice requests a consultation from another physician in the same group practice as long as all of the criteria for the use of the CPT consultation codes are met. (See also MCM Sec. B3 15506A)

Consultations followed by treatment (MCM Sec. B# 15506.B)
An initial consultation may be paid if all the criteria for a consultation is satisfied, unless a transfer of care has occurred. A transfer of care is when the referring physician transfers the responsibility of the patient's complete care of a specific problem or problems to the receiving physician at the time of the referral and the receiving physician documents the approval in advance. The consultant may initiate diagnostic and/or therapeutic services at an initial or subsequent visit. Subsequent visits (not performed to complete the initial consultation), but are to manage a portion or all of the patient's condition, should be reported as an established patient office visit or subsequent hospital care.

Pre-Operative Clearance (MCM Sec. B# 15506.E)
Reimbursement may be made for the appropriate consultation code for a preoperative consultation for a new or established patient that is performed by ANY physician (primary care or specialist) at the REQUEST of a surgeon as long as the requirements for billing the consultation codes are met.

Post-Operative Care (MCM Sec. B3 15506.F)
A physician (primary care or specialist) who performs a post-operative evaluation of a new or established patient at the request of a surgeon may bill the appropriate consultation code for evaluation and management services furnished during the post-operative period following surgery as long as all of the criteria for the use of consultation codes are met and that same physician has not already performed a pre-operative consultation.

If the surgeon asks a physician who has not seen the patient for a pre-operative consultation to take responsibility for the management of an aspect of the patient's condition during the post-operative period, the physician may not bill a consultation because the surgeon is not asking the physician's opinion or advice for the surgeon's use in treating the patient. The physician's services would constitute concurrent care and should be billed using the appropriate level visit codes. (MCM Sec. B3 15506.G)

Emergency Department Referrals (MCM Sec. 15507.G)
When a patient is seen in the emergency department and the emergency department physician requests another physician to see the patient in that department, the other physician should bill a consultation if all of the criteria for a consultation are met. If the criteria for a consultation are not met and the patient is discharged from the ED or admitted to the hospital by another physician, the consulting physician should bill an ED visit. If the consulted physician admits the patient to the hospital and the criteria for a consultation are not met, he/she should bill an initial hospital care code (99221-99223).

Caution about written reports

Letters written as reports to referring physicians containing a consultant's opinion and/or advice about a specific medical issue are sometimes the only documentation of the consultation contained in the patient's medical record. These letters are not considered a legal part of the medical record as they are not always accessible in the main body of the chart, i.e., filed appropriately. So when an auditor looks at the charts, the required report may not be evident, causing one of the three (3) Rs to appear absent. It is best to have the main medical record contain the actual history, exam and medical decision-making components required (all 3) for the consultation in that portion of the chart reserved for such, and then a separate letter, perhaps labeled "Consultation Report," summarizing the findings that goes to the referring physician. A note in the main medical record should say "see written consultation report" which leaves no doubt that the components have been satisfied according to the guidelines. "It is better to have it and not need it, than to need it and not have it," says Jillian Phillips, MA, CPC, CCS-P, OSMA Certified Coding Consultant. She says she has been telling physicians for years that the consultant's letter passes as a record for consultations, and while this was acceptable in the past, in light of this recent seminar, she encourages the need to keep them separate in this manner. ■

Practice Tips

Your practice guide

What you can learn from California's needle stick law

The number of needle stick injuries in the United States comes close to 800,000 a year. A dozen states, including Ohio (see page 6), have introduced legislation that would scale back the number of needle stick injuries. California already has such a law in place.

If you're interested in reducing the number of needle stick injuries in your practice, you may want to pay heed to California's new law. This information comes from the "Loss Minimizer" section of the publication *Medical Liability Monitor.*

To help avoid needle stick injuries:

1. Switch to needleless systems and needles with engineered sharps injury protection. California physicians are required to do so by law. If a doctor can't obtain such a system, he or she must use devices that "blunt, sheathe, or withdraw the needle."
2. Prepare specific instructions for disposal of sharps.
3. Keep written or electronic records whenever a needle stick exposure occurs.
4. Establish a prevention program for all covered procedures and document these activities.
5. Put in writing an Exposure, Response, Prevention and Control Plan. Explain this plan in employee training and orientation programs, and make sure all staff members adhere to it.

The Occupational Health and Safety Administration indicated, recently, that it now could sanction those health-care facilities (such as physicians' offices) that do not provide improved and safer needles to employees. In other words, prevention of needle stick injuries is not just a California issue. Ohio doctors would do well to note OSHA's warning, and the new Ohio bill that calls for health-care professionals to take similar preventive measures. ■

Checking your files

How do you obtain a copy of the information that's available on you in the National Practitioner Data Bank or the new Healthcare Integrity and Protection Data Bank?

Visit the data banks' joint Web site, *www.npdb-hipdb.com* and pull off a self-query form. Effective this past November, when the HIPDB began operations, you can no longer send a self-query request form to just one data bank. Any self-query form you submit is now automatically sent to both, and you are assessed a $10 fee for the information you receive from each of the data banks, for a total of $20. Only credit cards are accepted as payment. You may link to the government site from the OSMA Web site, *www.osma.org.*

For more information, you may contact the government's help line at (800) 767-6732. ■

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A Publication of the Ohio State Medical Association

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Practice Tips

Your practice guide

Group practice exchange

Will self-reporting improve quality care?

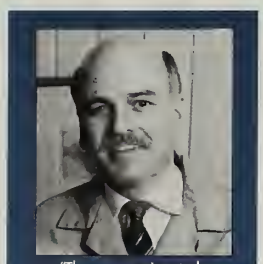
In the past, insurers collected data for purposes of quality assurance, rarely providing physicians feedback on their performances. Now, a new Anthem study lets doctors report on their own performance, based on selected measurements.

In a cooperative study with Anthem Blue Cross and Blue Shield, 12 physicians from five central Ohio obstetric and gynecologic groups (see separate story) are self-reporting on selected health-care quality measurements. The nine-month study will cover about 15,000 Anthem patient visits.

The physicians' performances will be compared with established standards of care, including patient satisfaction surveys, HEDIS and criteria set by national organizations, such as the American College of Obstetrics and Gynecology. When all physicians within a group exceed standards, all are financially rewarded by Anthem. If any one physician does not exceed standards, none are rewarded.

Increased patient preventive care and satisfaction are important anticipated outcomes, according to Mark Isett, vice president for Anthem's southern Ohio region. "Anthem continuously collects data for purposes of accreditation and quality assurance," he says. "In the past, this was done unilaterally, and physicians rarely received feedback on their own individual performance.

"What is unique about this venture is that each physician is self-reporting in real-time, which should help bring home how influential his or her role is in preventive health care. Relationships will be clearly drawn between each physician's actions and patients' measured well being, and also the impact on the health-care system's financial savings."



"The cooperative study demonstrates where provider-payer relationships are headed in the near future."
—*Christopher Copeland, MD*
Kingsdale Gynecologic Associates, Inc.

If the study, which will be analyzed mid-summer, is successful, Anthem may extend the practice throughout its market.

Since the physicians are self-reporting on selected services, those medical offices are allowed by Anthem to receive group — not individual — pre-authorizations for those procedures.

Michael D'Eramo, executive administrator for MaternOhio Management Services, which helped design the study, observes that: "One possible outcome of the study could be the adjustment of reimbursement rates, based on performance. By rewarding higher-performing physicians differently than lower-performing, we can demonstrate that delivering high-quality care can be financially rewarding." ■ — *Carol Larimer*

Anthem's study stats

Who's participating:
12 physicians from five central Ohio obstetric and gynecologic groups
- Kingsdale Gynecologic Associates
- Columbus Ob/Gyn
- Northeast Obstetricians and Gynecologic Associates
- practice of Paraskos, Teteris and Diaz MDs, Inc.

How it works:
Physicians self-report on selected health-care quality measurements. Performance will be compared with established standards of care.

Benefits for participants:
When all physicians in a group exceed standards, all are financially rewarded. If any one physicians fails to exceed standards, none are rewarded.

Benefits for insurer:
Increased patient preventive care and satisfaction.

Length of study:
Nine months

Results analyzed:
Mid-summer, 2000

Your practice guide

A "yellow pages" designed for you

OSMA's new *Practice Management Services Directory* will help you find the vendor, adviser, supplier or consultant for your practice needs.

The OSMA has available a *Practice Management Services Directory*, free to OSMA members, that lists practice management consultants, advisers, suppliers, and other vendors who can help physicians with billing and financial issues, marketing, office operations, education and more.

Each of the more than 100 listings provides a brief description of the service or product and contact information. In addition to the print directory, the OSMA has also developed a "virtual directory" on the OSMA Web site to facilitate links with the vendor or consultant's e-mail or Internet address. You'll find the virtual directory on the home page of the OSMA Web site, *www.osma.org*.

For a free, printed copy of the *Practice Management Services Directory*, contact Educational Services at (800) 766-6762, Ext. 6735 or at *education@osma.org*. ■

OSMA, medical directors plan to meet on issues

Medical directors from Ohio's largest insurers and health-care plans will meet with the OSMA this month to discuss a variety of issues.

According to Todd Baker, director, Medical Economics and Advocacy, the following topics are slated for discussion:

- A review of the impact of House Bill 361, the Patient Protection Act, which became effective last October. Included in the new law were provisions requiring plans to accept a standardized credentialing form, and procedures insurers are to use when corrective action is necessary. "We want to see what impact the new law is having," says Baker. "Is it working or not working?"
- Several coding issues, including bundling, downcoding, and documentation. In response to Amended Resolution 37-99, the OSMA will also discuss the response time to requests, and the time physicians spend on the phone in efforts to get prior authorization and referrals.
- The possibility of collaborative educational efforts, either with individual insurers or in groups.
- The OSMA's public health initiatives, such as the recent Women's Health Initiative series, featuring osteoporosis, domestic violence, and breast cancer. ■

Colleagues

F. JAY ACH, MD, and **E. GREGORY FISHER, MD,** Cincinnati, are both recipients of the 2000 Ohio Outstanding Team Physician Award. These awards are given to team physicians in recognition of dedicated service for 20 or more years to scholastic athletes in Ohio and are presented on behalf of the Joint Advisory Committee on Sports Medicine OSMA, the Ohio High School Athletic Association, and the Ohio Athletic Trainers Association.

ALFONSO BARNES, MD, Cincinnati, has been appointed chair of the board for the Greater Cincinnati HealthBridge, Inc. Dr. Barnes has served on the board as the Academy of Medicine's representative since its inception. He assumed responsibility at the first HealthBridge board meeting held in January 2000.

TERESA LONG, MD, and **J. NICK BAIRD, MD,** Columbus, both reappointed for terms expiring June 30, 2001 to the Physician Loan Repayment Advisory Board. Dr. Long is medical director and assistant health commissioner for the Columbus Health Department. Dr. Baird is director of the Department of Health and is serving as the department's representative.

ERNEST MEESE, MD, Cincinnati, a cardiothoracic surgeon, received the American Cancer Society's St. George Medal Award at the Ohio Division's annual state meeting. The St. George Medal Award is presented annually to an outstanding division volunteer.

RICHARD KAGAN, MD, Cincinnati, has been elected president of the American Association of Tissue Banks (AATB).

THOMAS MALLORY, MD, Columbus, has been named professor and chair of the newly formed Department of Orthopaedics at Ohio State. He has been named to the Frank J. Kloenne chair in orthopaedic surgery.

FRANK NOYES, MD, Cincinnati, president of Cincinnati Sports Medicine Research and Education Foundation was a keynote speaker at the recent Barcelona Sports Medicine and Traumatology Symposium. He presented the findings of his latest work on three meniscus salvage studies involving repair of complex tears and transplantation in more than 350 patients.

THOMAS PEPPER, MD, Columbus, medical director of Talbot Hall at The Ohio State University Hospitals East, has been awarded the President's Award by the Columbus Area Council on Alcoholism. The President's Award was presented to Dr. Pepper for his lifetime commitment to treating patients with chemical dependencies. He is the first psychiatrist to receive the award.

PETER PODORE, MD, THOMAS SHIMSHAK, MD, and **JOHN EDWARDS, MD,** Cincinnati, recently performed the Tristate's first abdominal aortic aneurysm stent graft procedure. Drs. Podore and Shimshak performed the first at the Christ Hospital followed by Dr. Edwards at University Hospital. Dr. Podore is director of vascular surgery at the Christ Hospital. Dr. Shimshak is director of Peripheral Vascular Division of the Carl and Edyth Lindner Center for Research and Education. Dr. Edwards is a vascular surgeon at University Hospital.

JOHN SANDS, MD, Cincinnati, recently traveled to Manuel Bueno, Dominican Republic to give the gift of sight. Dr. Sands went on behalf of the University of Cincinnati Vision Quest Organization, an organization that he and then-medical student Don Stephens began in 1995. Dr. Sands is an associate professor of clinical ophthalmology at the College of Medicine and a member of the Cincinnati Eye Institute.

JOSEPH SCLAFANI, MD, Cincinnati, was elected chair of the Ohio Advisory Council of the American College of Obstetricians and Gynecologists (ACOG). His term of office will run through October 2002.

CONSTANCE WEST, MD, Cincinnati, has been appointed director of ophthalmology at the Abrahamson Pediatric Eye Institute at Children's Hospital Medical Center in Cincinnati. Dr. West is an associate professor of ophthalmology at the University of Cincinnati. ■

Portrait

Rass Agnar, MD, a pediatric anesthesiologist, considers his wark repairing the cleft palates of disadvantaged Mexican children to be a good return an his investment in medicine.

Currently practicing at Children's Hospital Medical Center in Akron, Ross Agnor, MD, considers himself fortunate to have studied pediatric anesthesiology at the Toronto Hospital for Sick Children, deemed one of the top three programs in the world.

Hoping to aid the less advantaged, Dr. Agnor searched the Internet for organizations that lead medical missions. In January 1999, Operation Rainbow was organizing medical teams to conduct cleft palate corrective surgery at the Hospital del Nino in Villahermosa, Mexico.

Arriving in Mexico, Dr. Agnor became part of two surgical teams, one from Houston, the other from Canada. He and the plastic surgeons, nurses and support staff spent their first day setting up equipment and conducting pre-operative evaluations.

"You could tell that some of the kids were malnourished as cleft palate can interfere with feeding habits, especially during infancy," states Dr. Agnor. In the United States, this congenital defect would be corrected in the first month of life. Most of the children they saw in Mexico were four to six years old — many with bilateral cleft palate and cleft lip. "These kids would go around in public with a bandana covering the lower half of their faces," says Dr. Agnor.

With two operating rooms running 12 hours a day, they performed surgery on 40 children in five days. While the medical staff donates their time and talent, and pay their own travel expenses, hospitals donate the medical supplies. Expired medications and supplies are thrown away in the U.S., even though they are safe to use. "You realize the incredible waste here in the States," Dr. Agnor says. Here, anesthesia breathing circuits are used once and then discarded. "In Mexico, we used two circuits for 20 kids. You can't consider throwing one away because you don't have another one," says Dr. Agnor.

Ross Agnor, MD

While the working conditions may seem limited, the return on these doctors' investment is immeasurable. "On a daily basis, the parents would come to you and they couldn't speak English, yet by their eyes, you knew what they were saying. No matter how grateful these people are, you get so much more back, seeing how much you've been able to help them, just doing what you do," Dr. Agnor says.

Once their own children are grown, Dr. Agnor and his wife, who's a registered nurse, plan to make numerous trips a year with organizations like Operation Rainbow. ■ — *Pamela J. Willits*

Obituaries

GREGORY L. BROOKS, DO, Dublin, OH, University of Osteopathic Medicine & Health Sciences, Des Moines, IA, 1977; age 48; died Feb. 6, 2000.

LEONARD W. COBBS, MD, Dayton, OH, Faculte de Medecine de l'Universite de Geneve, Geneve Switzerland, 1953; age 78; died Jan. 27, 2000.

WILLIAM R. CULBERTSON, MD, Cincinnati, Vanderbilt University School of Medicine, Nashville, TN, 1941; age 84; died Dec. 28, 1999.

IRVING DREYER, MD, Steubenville, OH, University of Illinois at Chicago Health Sciences Center, Chicago, 1932; age 91; died Jan. 8, 2000.

FORTUNATO "TONY" T. ELIZAGA, MD, Steubenville, OH, Institute of Medicine Far Eastern University, Manila Philippines, 1966; age 56; died Jan. 4, 2000.

EARL B. "BUD" KAY, MD, FACS, Chagrin, OH, University of Michigan Medical School, Ann Arbor, MI, 1936; age 88; died Jan. 18, 2000.

HARRY NENNI, MD, Ironton, OH, Medical College of Virginia Commonwealth University School of Medicine, Richmond, VA, 1949; age 80; died Jan. 23, 2000.

ALLEN DARIN PUPPEL, MD, Columbus, OH, Ohio State University, College of Medicine, Columbus, OH, 1940; age 86; died Jan. 9, 2000.

JOHN R. RIESEN, MD, New Smyrna, FL, University of Michigan Medical School, Ann Arbor, MI, 1943; age 82; died Jan. 28, 2000. ■

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A Publication of the Ohio State Medical Association

Ohio Medicine

April 2000

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OSMA takes new pasitians on an assartment af health-care bills, including distributian of the tobacco settlement fund, and setting fees for capying medical records.

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What new physicians need to knaw about Medicare 19

Joint task force to respond to IOM medical errors report

When the Institute af Medicine issued its repart on medication errars, the OSMA and the OHA joined forces to address the problems.

The statistics in the recent Institute of Medicine report *To Err Is Human: Building a Safer Health System* came as no surprise to David Engler, PhD, senior director of data services at The OHA: Association for Hospitals and Health Systems and vice president of the OHA's Research and Educational Foundation. "Frankly, there's nothing in the report that we didn't know about," he says.

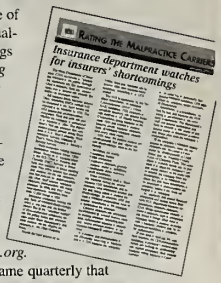
Dovid Engler

Engler represents the OHA on a task force formed jointly with the OSMA following publication of the report. "What we hope to do is respond to the concems that were identified in the report," says Almeta Cooper, JD, OSMA's chief legal counsel, who co-chairs the task force with Engler. The task force is on a fast track, with a schedule of two all-day sessions and a conference call leading up to a report in mid-May.

Almeta Caaper

Continued on page 21

How's *your* malpractice carrier rated?



Rating the Malpractice Carriers

Insurance department watches for insurers' shortcomings

The April issue of the OSMA malpractice ratings quarterly, *Rating the Malpractice Carrier,* is now available to interested members through the *Ohio Medicine* reader response line and on the OSMA Web site, *www.osma.org.*

This is the same quarterly that has run as an insert in the publication in the past. It provides information on a selected number of insurance companies writing malpractice coverage in Ohio. These companies are rated by three ratings services, A.M. Best, Standard & Poor's, and Weiss. An explanation of the ratings is included.

Because of the licensing agreement with the ratings services, this information can be distributed to *OSMA members only.* For Web users, the information is available in a password-protected area of the OSMA site. if you prefer a paper copy, and you are an OSMA member, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #11-00. ■

OSMA Annual Meeting

Delegates to meet in Dayton

Payment denials, prescription refills, adequate reimbursement for paperwork, and standing referrals to specialists will be some of the topics to be addressed at this year's OSMA Annual Meeting.

Walter Wielkiewicz, MD

This year's meeting will take place May 5–7 in Dayton, and all OSMA members are invited to attend. Here, resolutions forwarded to the OSMA House of Delegates from a number of sources will be discussed and voted upon, establishing policy for the association for the coming year. A new president — this year, Walter Wielkiewicz, MD, of Zanesville — will be installed.

The OSMA meeting is preceded by an educational meeting of the OSMA Organized Medical Staff Section (OMSS). (See page 8 for more information on topics to be presented.)

For information about the OSMA Annual Meeting, contact Amy Johnston, Department of Meeting Management, (800) 766-6762, Ext. 6726. For information about the OMSS educational session, contact Shar Wackman, (800) 766-6762, Ext. 6773. ■

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Bills, Laws & Rules

New OSMA legislative positions

The Focused Task Force on State Legislation has recommended and the Council has approved OSMA positions on the following bills. If you have questions about the bill, or the OSMA's position, contact the staff member at (800) 766-6762, and ask for the extension listed.

House bills:

HB 144 — Provides Medicaid eligibility for parents under 19 years.
Position: Support
Contact: Nick Lashutka, Ext. 6747

HB 472 — The "loser" in a tort action would have to pay court costs, attorney fees, etc.
Position: Under advisement
Contact: Tim Maglione, Ext. 6746

Sub. HB 475 — Physician profiling
Position: Active opposition
Contact: Tim Maglione, Ext. 6746

HB 506 — Makes changes in chiropractic act, including allowing term "chiropractic physicians."
Position: Under advisement
Contact: Maria Eshelman Bump, Ext. 6741

HB 508 — Sets maximum fees for the copying of medical records.
Position: Under advisement
Contact: Marla Eshelman Bump, Ext. 6741

HB 527 — Doctors operating in an unlicensed ambulatory surgery facility would be disciplined.
Position: Under advisement
Contact: Marla Eshelman Bump, Ext. 6741

HB 562—Licenses naturopathic physicians
Position: Opposition
Contact: Marla Eshelman Bump, Ext. 6741

HB 570 — Requires licensure of cardiovascular technologists
Position: Active opposition
Contact: Marla Eshelman Bump, Ext. 6741

HB 584 — Allows enrollees to use point-of-service options
Position: Support
Contact: Nick Lashutka, Ext. 6747

Senate bills:

SB 192 — Enacts governor's task force recommendation for distributing tobacco money
Position: Support
Contact: Marla Eshelman Bump, Ext. 6741

SB 194 — Plans couldn't make enrollees use an emergency number operated by the plan.
Position: Support
Contact: Nick Lashutka, Ext. 6747

SB 200 — Provides an affirmative defense to charges of selling tobacco, liquor to a minor.
Position: Neutral
Contact: Marla Eshelman Bump, Ext. 6741

SB 253 — Prohibits mental health professionals from having sex with patients.
Position: Under advisement
Contact: Nick Lashutka, Ext. 6747

SB 255 — Requires a hearing screening for newborns.
Position: Under advisement
Contact: Marla Eshelman Bump, Ext. 6741

Expanding scopes

Pharmacists to administer drugs?

The push by allied professionals to expand their scope of practice continues with the introduction of **Senate Bill 248,** sponsored by Sen. Grace Drake (R-Solon). According to the bill, a pharmacist who has completed a course in drug administration approved by the State Board of Pharmacy would be permitted to administer drugs to patients.

Recently, nurses gained the power to write prescriptions for patients under a new law which passed the Legislature earlier this year.

The OSMA has placed this bill "under advisement." If you have questions about the bill or the OSMA's position, contact Marla Eshelman Bump, (800) 766-6762, Ext. 6741, e-mail: *eshelman@osma.org.* ■

Health-care access

Any provider?

Rep. Pat Tiberi

Rep. Pat Tiberi (R-Columbus) would like to give patients the right to seek treatment from any health-care practitioner, although that privilege would come with additional costs. He has introduced **House Bill 584,** which requires that all closed-panel plans, offered by HMOs, allow enrollees to use nonparticipating providers.

That doesn't mean *just* physicians however. Language in the bill allows patients to seek direct access to psychologists, chiropractors, and other allied professionals without having to be referred for treatment by a physician. The bill has already gained the support of the Ohio Optometric Association, the Ohio Podiatric Medical Association, the Ohio Osteopathic Association, the Ohio State Chiropractic Association, and the Ohio Psychological Association among other groups.

Managed-care plans argue that this kind of approach defeats the purpose of creating networks of health-care providers, who serve as gatekeepers to these services, thus reducing administrative expenses.

The OSMA supports the right of a patient to see the physician he or she chooses, and supports the bill. One concern, however, says OSMA Legislative Director Tim Maglione, "is there may be situations where a physician with broader educational training should make the determination of who to refer, and where to refer." ■

Bills, Laws & Rules

New rules

PAs, lasers and cardiac cath minimums

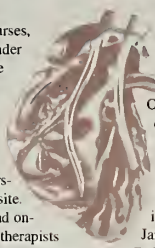
Here's the latest on rules proposed by the medical board and the health department.

OSMA expresses concern over PA rules... The OSMA has submitted comments in opposition to two sections of the State Medical Board of Ohio's proposed physician assistant rules:

- **Prohibited functions.** According to the proposed rules, those functions would include diagnosing, prescribing, and admitting or releasing patients from a hospital without physician supervision. The OSMA questions whether the rules should prohibit any function in all cases. Instead, it has suggested *individual* consideration of all requests that exceed standard utilization. Alternatively, the OSMA suggests including a provision that requires an annual review of the list of prohibited functions to ensure that it reflects current practice.

- **Assisting in surgery.** The proposed direct supervision requirement might prohibit or restrict procedures currently performed by PAs under approved utilization plans. The OSMA questions how the medical board will treat such existing plans, and asks that the rule be worded in a way that puts physicians and physician assistants on notice as to how standard practice might change.

Physicians may delegate use of hair-removal lasers... Rules proposed by the State Medical Board limit the use of light-based medical devices to physicians, with one exception. The rules allow use of hair-removal lasers by physician assistants, nurses, and cosmetic therapists under physician supervision. The physician must personally evaluate the patient, and the treatment plan, and may supervise no more than two practitioners at any one time. PAs and nurses must be supervised on-site. After sufficient training and on-site supervision, cosmetic therapists may perform the service off-site.



Freestanding cath labs OK'd; minimum procedures added... The Ohio Department of Health (ODH) has lifted its moratorium on cardiac catheterization services performed at low-risk laboratories, a position the OSMA supports. However, the new ODH rule requires that each surgeon who performs cardiac catheterizations do at least 150 procedures per year. In comments to the ODH, the OSMA has expressed concern that such a high minimum would prevent highly qualified physicians from working part-time in a cardiac service. The cardiac catbeterization service rule took effect Jan. 20.

Rules set for external review of insurance appeals... The OSMA worked with the Ohio Department of Insurance (ODI) on the development of rules to implement the accreditation of Independent Review Organizations (IROs) in disputes between patients and health plans. The Patient Protection Act of 1999, signed July 13 by Gov. Bob Taft, mandates external review for appeals of adverse determination decisions by health plans for payments of certain procedures. ■

— Jan Leibovitz Alloy

Take Action

If you would like a packet of information on the external review rule, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #12-00. If you have suggestions for additional education on this topic, contact the OSMA Educational Services Department, (800) 766-6762, e-mail: *education@osma.org*. Questions regarding any of the other rules should be directed to the OSMA Division of Legal Affairs, (800) 766-6762, e-mail: *legal@osma.org*.

Telemedicine

Out-of-state boundaries

A new bill, introduced by Rep. Rose Vesper (R-New Richmond), addresses the issue of telemedicine and accountability. **House Bill 585** provides, with certain exceptions, that physicians, licensed out of state, must comply with Ohio laws governing the practice of medicine if they provide medical services in this state.

In other words, a physician who brings his or her practice to Ohio through electronic means will have to submit to the jurisdiction of the State Medical Board, as well as Ohio courts if any unfavorable incident surfaces.

The OSMA has placed this bill "under advisement." If you have questions about this bill, or about the OSMA's position, contact Marla Eshelman Bump, (800) 766-6762, Ext. 6741, e-mail: *eshelman@osma.org*. ■

Jim Brown

Charles Bush, MD, University Hospitals cardiologist, communicates patient information to a fellow physician in another Ohio city with the help of the Central Ohio Medical Information Network (COMIN). The computer network — the first of its kind in Ohio — allows for the exchange of timely and accurate patient information. The network is expected to result in better coordinated, higher quality, and more cost-effective care.

Bills, Laws & Rules

Public health

Making chicken pox a routine vaccine

If passed, **Senate Bill 254** would require that children, 12 years and younger, acquire the varicella (chicken pox) vaccine before entering school, effective in the 2001–2002 school year. An exception would be made for those children who have already had the disease.

The bill is sponsored by Sen. Bruce Johnson (R-Columbus), who said that the state would need to add about $2 million to its budget to include the chicken pox vaccine in its immunization program. The vaccine first became available in 1995.

The senator called chicken pox the leading cause of vaccine-preventable deaths in children in the United States, and said that, each year, about 100 children die from the disease. About four million people a year are diagnosed with chicken pox in the United States, and, of these, about 10,000 are hospitalized because of complications.

The bill was introduced at the request of the Association of Ohio Children's Hospitals, the Children's Defense Fund-Ohio, and the Ohio Chapter, American Academy of Pediatrics, in addition to other groups.

The OSMA supports this bill. If you have questions about the bill or the OSMA's position, contact Marla Eshelman Bump, (800) 766-6762, Ext. 6741, e-mail: *eshelman@osma.org.* ■

Med board report

No license? You can still be "emeritus"

The State Medical Board of Ohio recently voted to allow physicians who no longer hold a current Ohio license to apply for and hold emeritus registration. The physician would have to meet all other requirements necessary for the emeritus title.

Emeritus

No time limitation will be placed on expired licenses. All emeritus registrations include a one-time, minimal fee. ■

Councilors must balance district issues with state interests

The question to ask, say councilors, is "what's in the best interest of the OSMA?"

Each year, the OSMA House of Delegates meets, discusses many issues of high importance, and generates new resolutions to enact. Then the delegates disperse back to their towns, their practices, and the normal routine. However the OSMA councilors move on to an active year of implementing the policies adopted by the House of Delegates that elected them, participating, as well, in many meetings, speaking engagements, and opportunities to connect their districts to OSMA policy.

John Thomas, MD

Being an OSMA councilor is a big commitment, says John Thomas, MD, Wooster, OSMA Secretary-Treasurer and a former councilor. "Because we are elected and on the Board of Governors, we have to do what's in the best interest of the OSMA, from political, educational, and financial standpoints," he says. Each councilor is expected to stay informed on issues facing the OSMA and act as a combination spokesperson, emissary, and opinion gatherer between OSMA and the district the councilor serves.

Newly-elected Twelfth District Councilor Richard Ellison, MD, Akron, was initiated quickly into his public role — with a media interview. "Personally, it was a new role for me, and I was uncomfortable because of not knowing if the information I gave in the interview was going to be perceived correctly and quoted correctly," he says. The topic was a tough one: physician negotiations and labor union issues. Fortunately, the reporter was experienced and accurate.

Richard Ellison, MD

"As a councilor, we are not supposed to take a new position that is contrary to the House of Delegates," says Dr. Thomas, "but it does sometimes come up that there's a conflict back in the home counties due to a rock-solid stand on an issue, and we have to be sensitive to each viewpoint." In such circumstances, Dr. Thomas says councilors provide an objective explanation of OSMA policy and subsequently channel local opinions back to the OSMA for consideration, and, hopefully, compromise.

"We learned from the optometrists' prescriptive issue how important compromise can be," says Dr. Thomas. "In the APN issue, we took a different stand, were more willing to modify our position, and used dialogue to come to a compromise on what OSMA's viewpoint would be. By doing so, we kept involved in the bargaining process and got a better bill for medicine as a result."

For all of their commitment and time, councilors receive no pay for their service. Obviously, it's not a job for everyone, but those who serve say they undertake it as a way to give back to medicine — and to the patients of Ohio. ■ — *Yvonne H. Burry*

OMSS meeting to focus on E&M coding, physician negotiating

The Orgonized Medical Staff Section's Annuol Educotionol Assembly will be held Friday, May 5, from 1–5 p.m. ot the Crowne Plaza Hotel in Doyton.

Two topics will be addressed at the OMSS meeting. Mark T. Parker, MD, medical care director of the Emergency Care Center, Cheshire Medical Center in Keene, New Hampshire will speak on "Practical Ways to Collect and Process Data Using E&M Code Software." The presentation will cover E&M (evaluation and management) coding basics, as well as identify and rate the software programs that assist with coding. "Dr. Parker has no proprietary interest in any of the software companies, so his will be a completely independent and unbiased review," says Shar Wackman, OSMA Membership Services.

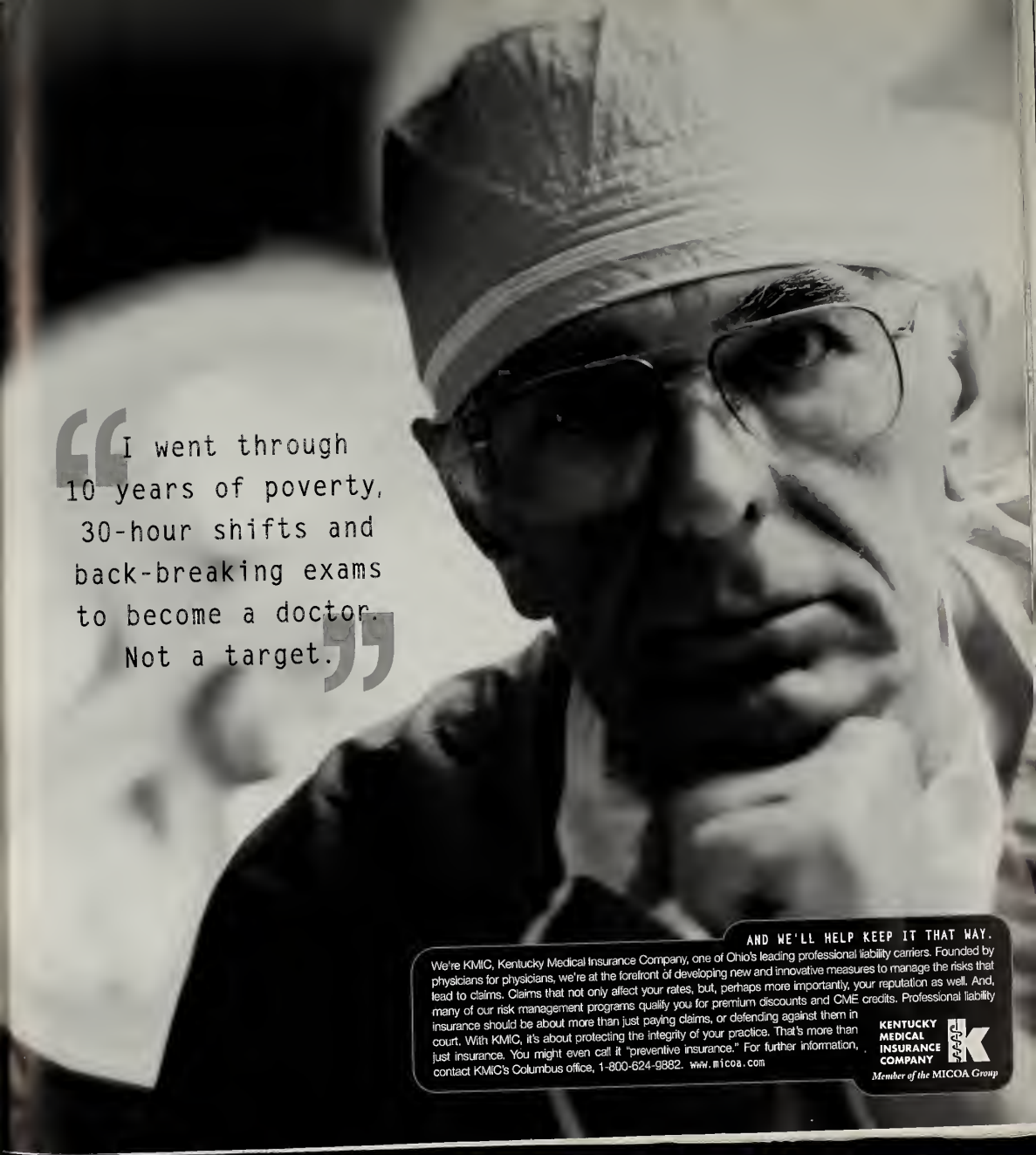
The second presentation will focus on physician negotiations by examining the role of the new AMA-created collective bargaining unit, known as Physicians for Responsible Negotiations (PRN), as well as the potential for joint negotiations in Ohio, realized through either a federal antitrust relief measure, HR 1304, known as the "Campbell bill" or a "state action doctrine."

Andrew M. Thomas, MD.

PRN Secretary and Board Member Andrew M. Thomas, MD, will discuss the PRN's efforts on collective bargaining, followed by OSMA Legislative Director Tim Maglione, JD, who will address the issue of joint negotiations.

Tim Maglione

For more information about the OMSS Annual Educational Assembly, or to register, contact Shar Wackman, Division of Membership Services, (800) 766-6762, Ext. 6773. You can also register online by visiting the OSMA Web site at *www.osma.org*. Go to "Educational Services" and click on "Physician Education," then "CME activities." ■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OSMA News

Cleveland

CCMS: Virtual reality

It's full-speed ahead for the Cuyahaga County Medical Society (CCMS).

The local society now has its own newsletter and worked through OSMA Fifth District Councilor Daniel van Heeckeren, MD, to develop officers, a board of directors, committee members and OSMA delegates. A total of 405 active and 540 retired physicians comprise CCMS at present.

"CMS is a virtual organization," says Dr. van Heeckeren. "We won't build a building or have a staff. We're a lean, mean, low-cost organization. Our vision is to have CCMS be member driven."

Members of the CCMS board include:
Susan Arceneaux, MD
John A. Davis, Jr., MD
Matthew Levy, MD
John Missry, MD
Beejadi Mukunda, MD
Mike Prokopius, MD
Colette Willins, MD

CCMS officers are: Susan Arceneaux, MD, president; Mike Prokopius, MD, vice president; and John Missry, MD, secretary-treasurer.

At present, the CCMS delegation includes:
Susan Arceneaux, MD
John A. Davis, Jr., MD
Matthew Levy, MD
Beejadi Mukunda, MD
Ronald L. Price, MD
Mike Prokopius, MD
Colette Willins, MD

The society is in the process of recruiting additional delegates to serve at the OSMA Annual Meeting 2000 in Dayton. ■ — *Yvonne H. Burry*

CCMS officers, board...(From left to right) Daniel W. van Heeckeren, MD, OSMA Fifth District Councilor; Michael Prakapius, MD, CCMS vice president; board members Colette Willins, MD, and Matthew Levy, MD; Susan Arceneaux, MD, CCMS president, and board member Beejadi N. Mukunda, MD. Absent from the photo are John Missry, MD, CCMS secretary-treasurer; and CCMS board member John A. Davis, Jr., MD.

President's Perspectives

One more way to enhance us

Dr. Utlok

Educating Ohio physicians is nothing new for the OSMA. For years, we have served as the only accrediting body in the state for continuing medical education programs. But beginning this year, you will see the OSMA take a new focus on education – not only in the form of CME, but also on practice management topics and on issues that are timely and relevant to Ohio doctors, office managers and medical staff.

Last month, for example, the OSMA sponsored a one-day program on compliance — certainly a hot topic in today's highly-charged "fraud and abuse" environment. One way to keep *your* name out of the new Health Care Integrity and Protection Data Bank — which, since last November, has collected information on providers found guilty of fraud and abuse charges — is to have a compliance plan in place that will help you meet all those federal rules and regulations. This won't be the last you'll hear about compliance from the OSMA. Look for additional material, and possibly more seminars on this topic in the future.

Also last month, the OSMA sponsored ICD-9 coding seminars in different areas around the state, and this month, physicians and their staff can learn more about CPT coding.

Future educational programs lined up so far include the popular Medicare and Medicaid update seminars, and later this year, a program geared specifically for new physicians. I'm especially excited about an educational program that's planned during this year's Annual Meeting. This program will train physicians on the use of the Internet, and how to navigate our own OSMA Web site. If you are uncertain about how to use the Internet, I encourage you to come. Other future topics include: How to reduce overhead expenses; billing and collection practices; personnel management; reimbursement issues; and contract negotiations.

Certainly the Internet continues to make education more available and more convenient. The OSMA is currently studying ways to bring you more programs online, including the fourth installment of the OSMA's Women's Health Initiative, which will feature cardiac care. Distance learning, through the Internet, is practical, efficient, convenient since it's done on your time and at your own pace, and can be relatively inexpensive since no traveling costs are involved.

We are mandated, by state law, to attain a certain number of educational hours, but I hope you feel, as I do, that the more educated we become — not only on clinical subjects, but also on all of those topics that help us maintain a more efficient practice — the better doctors we become. The OSMA's new focus on education helps us, and ultimately helps our patients.

Leave it to the OSMA to find yet one more way to enhance our profession. ■

OSMA News

Federation of Medicine

AMA report

Reducing health system errors

Health system errors are obviously a source of genuine concern for the medical profession, so the AMA can support President Clinton's goal to reduce these errors. We draw the line, however, at his proposal for mandatory reporting. The public reporting of errors that result in death or serious injury is no guarantee that patient safety will be improved. Instead, such forced reporting may actually create a culture of blame that drives errors underground.

The AMA agrees that more funds are needed to research errors. We support the president's proposal to modify pharmaceutical packaging and marketing practices to reduce medication errors. These are the steps that will, ultimately, have tbe greatest effect on patient safety.

I'm also pleased to report that the OSMA has taken steps to tackle the subject of health-care errors by forming a joint task force with the OHA: The Association for Hospitals and Health Systems. Working together, these two associations will study this topic and develop a plan that will lead the way in reducing health system errors in Ohio. (For more information about the task force, see story on front page.)

PRN receives go-ahead from NLRB... The National Labor Relations Board has OK'd PRN's request to serve as the negotiating organization for a group of Detroit physicians. The NLRB ruled that physicians are to be considered "employees" and not "supervisors" as the plan claimed, and tbe board also approved the physicians' request for a physicians-only unit. The Detroit physicians want to organize with PRN because they claim they are excluded from medical and economic decision-making that directly affects patient care. The physicians say they aiso lack input on formulary committees, even though they receive a negative performance evaluation if they prescribe a medication that is not on the approved formulary list. PRN is the AMA-created collective bargaining unit, developed to represent employed physicians. PRN is the acronym for Physicians for Responsible Negotiations.

Dr. Abromowitz

Patient's rights legislation... The AMA is urging legislators, set to address the federal patients' rights bill in both the U.S. House and Senate, to support meaningful patient protections. Protections mentioned in AMA correspondence include: independent external appeals, health plan accountability, and patient choice and access.

Specialties join AMA in HCFA suit... Almost a dozen specialty societies have joined the AMA in its suit, challenging the Health Care Financing Administration's calculation of physician payment updates. The suit asks the court to direct HCFA to adjust a future portion of the physician pay rate (sustainable growth rate) to reimburse physicians for the under calculations.

It's an honor and privilege to serve on the AMA Board. If I can be of assistance please contact me. ■

Herman I. Abromowitz, MD, is a member of the AMA Board of Trustees.

From the county files

Cincy phone-bank brings in OMPAC dollars

On a Sunday afternoon in late February, 15 members of the Academy of Medicine of Cincinnati took to the phones calling other Academy members — and two hours later, came away with a total of close to $5,000 in pledges and contributions for the Ohio Medical Political Action Committee (OMPAC). In addition, more than 100 members requested more information about the PAC and political issues like prompt pay and will consider making contributions to OMPAC.

"The event was a great success," says Krista Bistline, OSMA Department of Legislation. "It has energized our efforts."

Nancy Coomer, assistant executive director of the Academy of Medicine, says the idea for a phone bank supporting OMPAC came from the academy's legislative committee, and bas been in the works for six to nine months.

"It was so successful, we may make it an annual event," Coomer says.

Callers came from the academy's legislation committee, its Alliance, its council, and OSMA First District Councilor Walter Matern, MD, was there as well.

"One of our doctors was on call, but wanted to do his part, so he worked from home," Coomer says.

Bistline says the possibility of carrying this type of effort to other counties is good. "Local doctors calling local doctors is be the best way to handle this type of fund raising," she says.

In the future, call lists will probably be divided by specialty so there will be an even greater chance that the OMPAC callers will know the members they're calling. "That personal recognition helps a lot," says Bistline.

OMPAC money helps to support those political candidates whose views and positions align with those of medicine.

"We're incredibly pleased by the successful efforts in Cincinnati," says OMPAC Chair Dan Handel, MD. It's a momentum OMPAC hopes will carry through the November elections. "There are important races this year," says Dr. Handel. "Medicine's voice needs to be heard." ■

Take Action

To learn more about the Academy of Medicine's efforts, contact Nancy Coomer at the academy, (513) 421-7000. For OMPAC information, contact Krista Bistline, (800) 766-6762, Ext. 6748.

OMPAC calling...

The following members of the Cincinnati Academy of Medicine donated a recent Sunday afternoon to help bring in money for the Ohio Medical Political Action Committee.

Mrs. Shakila Ahmad
Sherif Awadalla, MD
Brett Coldiron, MD
Mrs. Jan Davison
Jim Davison, MD
David Floering, MD
Robert Hummel III, MD
Mrs. Danya Karam
Molly Katz, MD
John Larkin, MD
Stanley J. Lucas, MD
James J. Masters, MD
Walter E. Matern, MD
Mrs. Hangemeh Nassef
Marvin Rorick III, MD

OSMA News

Resolutions affecting Constitution

Resolution I

Introduced by: David A Westbrock, MD, FACP, FACE

Subject: Recognition of the Ohio Chapter of the American Association of Clinical Endocrinologists for Representation in the OSMA House of Delegates

WHEREAS, The Ohio Chapter of the American Association of Clinical Endocrinologists (AACE) has been formed on Oct. 13, 1999, by the Ohio members of the American Association of Clinical Endocrinologists; and

WHEREAS, It is the officially recognized Ohio chapter of the American Association of Clinical Endocrinologists; and

WHEREAS, The American Association of Clinical Endocrinologists is represented in the House of Delegates of the American Medical Association (AMA); and

WHEREAS, Endocrinology and Metabolism is a recognized subspecialty of the American Board of Internal Medicine; and

WHEREAS, There is an increasing health and socioeconomic policy impact related to diabetes and related endocrine disorders; and

WHEREAS, Those needs, both from a consumer/patient and physician standpoint should be addressed at all levels by the Federation of Medicine; and

WHEREAS, These issues are being addressed at a national level by the AMA with input from the AACE in counsel as a member of the AMA House of Delegates; and

WHEREAS, Further an Endocrine Section Counsel is being established; and

WHEREAS, There is an increasing need to recognize the special impact of such disorders at the state and local level and to address these issues; and

WHEREAS, These issues specific to state policy are most appropriately addressed by the house of medicine (Ohio State Medical Association); **therefore be it**

RESOLVED, That Article IV (House of Delegates) of the OSMA Constitution and Chapter 4, Section 3 (Representation of Medical Specialties) of the OSMA Bylaws be amended to allow the Ohio chapter of AACE representation in the OSMA House of Delegates. ■

Resolution 2

Introduced by: D. Mark Miller, Medical College of Ohio
Abhi Mehrotra, Ohio State University Medical School

Subject: OSMA-Medical Student Section representation within the OSMA delegation to the AMA HOD

WHEREAS, The OSMA-MSS makes up more tban 1,700 of the 15,000 OSMA members; and

WHEREAS, The OSMA delegation receives two of its 15 delegate positions because of its OSMA-MSS membership; and

WHEREAS, The MSS membership has steadily increased over the past five years, during the time the number of physician members has steadily decreased; and

WHEREAS, The OSMA Delegation to the AMA HOD would have lost one of its delegate seats due to a decrease in physician membership, had that decrease not been offset by an increase in the OSMA-MSS membership; and

WHEREAS, The MSS bas recruited more than 350 new members for each of the past five years, many of whom either are not from Ohio and/or will not attend a residency program in Ohio; therefore be it

RESOLVED, That Chapter 5, section 10 of the OSMA Constitution and Bylaws be amended as follows:

Section 10. Delegates to tbe American Medical Association. The House of Delegates shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body, except for one (1) Alternate Delegate from the Resident and Fellow Section, and one (1) Delegate and one (1) Alternate Delegate from the Medical Student Section. The resident and student alternate delegates/delegate shall be selected by their respective section in accordance with the Constitution and Bylaws of their section. ■

OSMA News

On the Web...

Virtual directory value to physicians

OSMA's new Practice Management Services Directory will help you find the vendor, adviser, supplier or consultant for your practice needs. In addition to the paper version, which is free to OSMA members, for the first time you can obtain the same information via the OSMA Web site. The "virtual" version gives a brief description of each of the companies, along with hyperlinks to the vendor's or consultant's e-mail or Web site if available.

In the list of more than 100 advertisers you can find vendors that can help you with billing and financial issues, computer hardware/software, marketing, credentialing, practice management consultants, insurance, and legal issues.

The first page of the virtual directory gives a list of products/services by category. Click on the category that you're interested in, and you'll get a list of companies offering that particular service. From that list you can peruse each individual company. You'll find a brief description of the company along with its phone number, addresses, e-mail and Web site.

The directory provides a quick-reference list of consultants and services. However, the OSMA has not evaluated, nor does it endorse any particular product or service listed in this directory. This information has been prepared by the advertiser as a means of informing physicians about their products and services. Complete investigation of all information and credibility of sources is the sole responsibility of the physician.

Check the directory often because it will be constantly updated with new addresses and phone numbers, along with new advertisers who may join on throughout the year.

If you have any questions on the Practice Management Services Directory, contact Educational Services at (800) 766-6762, Ext. 6735 or e-mail: *education@osma.org*. ■

Practice Tips

Toledo

Wholesale layoffs: A growing trend?

The OSMA stepped in to help when Mercy Health Partners terminated 119 physicians.

It came as a shock Nov. 18, when 119 Toledo primary care physicians were told their contracts with Mercy Health Partners would be terminated. The only warning sign had been the layoff of seven Bowling Green physicians the week before. Mercy, which operates St. Vincent Mercy Medical Center and St. Charles Mercy Hospital, claimed its practice management arrangements were running at a loss of $80,000 per physician per year, says Susan Rupli, OSMA Group Practice Services.

Because contract dates differ, some physicians will remain on the books well into 2001. Others needed immediate help with the transition. Mercy put together a team to help physicians with early layoffs, and, according to the physicians she's spoken to, Rupli says the transition team appears helpful, and the negotiations fair. Physicians with experience in private practice seem to be making the transition more easily than those with none. "It's the folks in solo offices, or the two-person office who are asking, 'What do we do now?'" says Rupli. They're concerned for their own employees, how to handle employee benefits. "They haven't had to handle any of these things before," says Rupli.

The OSMA can help, Rupli told physicians she visited following news of the layoffs. She suggested they contact the OSMA Insurance Agency about employee benefits, and the Department of Ombudsman Services for help with insurance carriers. She also reminded physicians about the OSMA's contract review service. "I see it as a real wake-up call to physicians to contact a lawyer before they sign any contracts," she says.

Rupli expects Mercy to recruit at least some of the physicians it just let go. The system will soon break ground on a $53 million, 62-bed medical complex in west Toledo. With a tight local market — the only competition is ProMedica Health System which owns Flower and Toledo hospitals — "who are they going to recruit to come into this big, new complex?" Rupli asks.

Although she notes the demise of many practice-management companies, Rupli doesn't foresee a trend toward wholesale layoffs. Still, she warns physicians to be careful about the contracts they sign. "Contract turns can happen and will happen. Physicians have to be prepared for it, which is why it's essential they always have their lawyer or the OSMA involved in reviewing contracts." ■

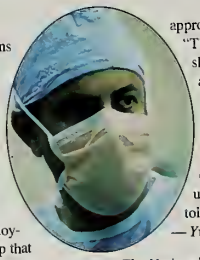
— Jan Leibovitz Alloy

Take Action

For OSMA's contract review service, contact the Division of Legal Affairs, (800) 766-6762, Ext. 6765. OSMA Insurance Agency is (800) 860-4525.

St. Vincent Mercy Medical Center is one of the hospitals operated by Mercy Health Partners. Mercy Health Partners terminated physician contracts when its practice-management arrangements began to run losses.

PRN: Negotiating in an obstacle course



Before Physicians for Responsible Negotiations (PRN) fully establishes itself as an independent labor organization, it first had to wrestle with the question, are physicians employees or managers? According to Andrew M. Thomas, MD, Columbus, PRN secretary and board member: "We expect employers to challenge each group that asks us to represent them. That's because employers argue that physicians have to make management decisions as part of their job, and national legal standards exclude managers from participation in negotiations."

OSMA attorney Nancy Gillette says it's not always clear what constitutes a manager, but a physician does have to prove employee status in order to use negotiation services like PRN. However, if that employee is considered to have any managerial duties, a union probably could not negotiate for it.

PRN will use a Chicago-based medical lawyer to help perform a risk assessment on physician groups that approach it for assistance. "The risk assessment must show that there are legally attainable results possible if the contract were to be negotiated," says Dr. Thomas. "PRN will not affiliate with any other traditional labor union, and we will not tolerate strikes." ■

— Yvonne H. Burry

The National Labor Relations Board said physicians can be considered "employees" not "supervisors." For the story, see the "AMA Report" on page 11.

Take Action

Physicians who use PRN for negotiations join for $50 per month ($25 per month for residents). Independent membership for physicians who support PRN but who don't personally need its service, is $50 per year ($25 for residents.) To join PRN, contact the American Medical Association, (312) 464-5000.

Practice Tips

Case study

The $2,500 solution

Practice type: General practice
Other party: The Ohio Bureau of Workers' Compensation (BWC)

The challenge:

- The claim for a medically necessary procedure was denied by BWC, even though the patient's managed-care organization (MCO) had pre-authorized payment.

Supporting factors:

- Written pre-authorization to the physician by the MCO;
- Good records of filings, correspondence and telephone conversations were kept by the physician's office;
- BWC staff was in the process of receiving communications training.

Exacerbating factors:

- The implied requirement of pre-authorization by both the MCO and BWC would be unwieldy for physicians' offices;
- Alternative, payer-approved medical treatments were not specified;
- The case was only two months old when the ombudsman's office became involved. Because of the number of people who became involved in the resolution at BWC, it took about six months to resolve the claim.

Ombudsman solution:

- The ombudsman's office communicated by phone and letter with several of BWC's staff and the physician's office, to sort out the discrepancies.

Results:

- At very little additional staff time and indirect expense, the physician's claim of about $2,500 was paid by BWC. ■ — *Carol Larimer*

Take Action

Need help with a reimbursement problem? The OSMA ombudsman services staff is available at (800) 766-6762.

Your Practice Guide

Survive your malpractice suit

Winning a malpractice lawsuit has as much to do with how you present yourself at trials and depositions as it does with your clinical skills.

There's nothing easy about a malpractice lawsuit. It can involve complex medical and legal issues. It can drag on seemingly without end. It can put a strain on your relationships with your office staff and your family. It can take you through the same range of emotions as a death in the family.

Here are some tips to help you survive a lawsuit:

- **Lock up all charts and films related to the case.** If there are any alterations in the records, you can be slapped with punitive damages, says Tom Hunter, an attorney with Reminger & Reminger in Columbus.
- **Discuss the case only with your lawyer and your insurance company.** When your deposition is taken, you'll be asked to whom you talked about it. Even an off-the-cuff remark to another doctor will require a deposition of that doctor.
- **Be candid with your attorney.** If you made a mistake, say so.
- **Get involved in your case.** If you have a question, call your lawyer. "Doctors are dealing in a different venue," says Tim Harrison, branch manager of the law department of the Medical Protective Company in Columbus. "They need to try to understand what the legal elements are."
- **Read the depositions.** "I view my insured doctor as my most valuable asset," Hunter says. "He knows more medicine than I ever will, and he can help guide me. He should also be fully advised as to what the claims against him are."
- **Relax.** In Franklin County, a malpractice case takes two years; it's more or less the same throughout the state. "Doctors tend to think short term," Hunter says. "I got sued today — this ought to be over in six weeks. It doesn't happen."
- **Take comfort in knowing you did your best.** "The expectation to be absolutely perfect every time is a tremendous undertaking," says Paul Nagle, director of physician risk management of OHIC Insurance Company. "Not everything's going to have a perfect outcome, and some people will sue for that." ■ — *Jan Leibovitz Alloy*

Take Action

For more information, contact Tim Harrison, the Medical Protective Co., (614) 267-9156; Tom Hunter, Reminger & Reminger, (614) 461-1311; or Paul Nagle, OHIC Insurance Co., (614) 221-7777. Or call your insurance carrier or your own attorney with questions.

Report card time

Want more information on a health plan? Check out the National Committee for Quality Assurance (NCQA) Web site, *www.ncqa.org*.

About half of the 650 HMOs in the United States — which collectively cover about 75% of all HMO enrollees — carry NCQA ratings, a voluntary evaluation process that results in the NCQA Health Plan Report Card. The NCQA Web site provides a "Create a Report Card" page that allows visitors to search by plan name, type (private, Medicare, etc.), and/or by state or ZIP code. You'll be provided with information on five evaluated areas as well as what benefits and services the plan covers; which physicians are in the network; how the plan works; and how much it costs. If a plan is not listed by NCQA, it may have changed names, may not have elected to pursue NCQA accreditation, or may have been in business for less than two years.

For the last three years, NCQA has also produced the Quality Compass — a compilation of information from NCQA's Accreditation and HEDIS (Health Plan Employer Data and Information Set) programs. Quality Compass contains data on more than 50 HEDIS measures for all 410 participating health-plan products. The 1999 report focuses on 12 clinical HEDIS measures, ranging from adolescent immunizations to prenatal care, and on a members' survey. The members' survey rates the plan's customer service, claims processing, overall health care, and the personal doctor or nurse among other measures. Find it at *www.ncqa.org*. Report card ratings are also available via a toll-free phone line, (888) 275-7585, Monday–Friday, 8:30 a.m.–5:30 p.m. ■

— Carol Larimer

Practice Tips

Your Practice Guide

International patients

Make your office "world friendly"

At least 90 different ethnic groups live in Ohio, creating challenges for effectively delivering health care in all types of settings.

"While the provider may have a general understanding of specific cultures, caution should be taken to not over-generalize, and to be sensitive to the individual, and his or her unique needs and circumstances," says Duong-Chi Do, project coordinator for Asian-American Community Services in Columbus.

Here are tips from Do and other Ohio-based international experts on how to create an internationally-friendly office:

Ask questions.
You can assess your patient's ethnicity and level of assimilation by asking questions about the length of time the patient has lived in the United States, and whether the patient feels comfortable talking in English.

Respect privacy.
Support groups don't exist in most other cultures; people don't bare their souls to strangers.

Treat language issues seriously.
Physicians are prohibited from requiring a patient with limited English proficiency (LEP) to provide their own interpreter, or to bear related costs. However, interpreters can be invaluable. Professional interpreters, or even family members acting as translators, will automatically act as advocates for the patient, screening information, or tempering a diagnosis. Don't, however, use children in this capacity. (See separate story for other interpreter service options.)

Approach end-of-life issues with care.
End-of-life issues may not be traditionally discussed. In Russia, patients, not just the elderly, are seldom told about a terminal illness. Physicians have an obligation to respect how much and what type of information the patient should receive. Also, be careful with the word "cancer." It has become universally understood. ■

— Carol Larimer

Take Action

The AMA Cultural Competence Initiative recently produced a 450-page reference guide to assist physicians in cross-cultural communication. To order, contact the AMA, (800) 621-8335.

Translator on call

Emergency serviees
Language Line Services provides 24-hour, over-the-phone interpretation in 168 languages, with or without a contract. Contact (800) 528-5888. Call (800) 821-0301 for a free recorded demonstration.

Employee volunteer language bank
Comprised of staff from all areas of the hospital, it's designed primarily for interpretation of general, customer-service related needs.

Professional services
Obtained through local agencies, professional translators provide an excellent resource for complex admission, diagnostic and patient education scenarios. ■

What new physicians need to know about Medicare

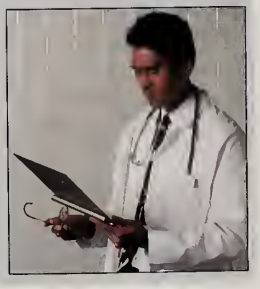
Physicians who are new to practice, or who will be in practice soon, are invited to take advantage of an educational seminar on Medicare designed specifically for them. The program will include information on:

- **How to obtain a Medicare provider number;**
- What to know about fraud and abuse;
- **Evaluation and management guidelines;**
- **Reimbursement policies;**
- **Correct coding and many other related topics.**

The featured speaker will be Laura Greenwalt, Medicare manager, from Nationwide Medicare.

This is your opportunity to learn the basics directly from the people you will be dealing with. The half-day seminars will be held Tuesday, May 16 (morning), or Tuesday, **June 13** (afternoon), at the OSMA headquarters building in Hilliard.

If you would like more information, or to register, contact Cathy Sonnhalter in the OSMA Department of Ombudsman Services, (800) 766-6762, Ext. 6759. ■



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Practice Tips

Paperless prescribing

Ohio is the first state to approve a new, paperless, handheld electronic prescribing system known as PocketScript. The system was co-developed by OSMA member Tbaddeus M. Bort, MD, Cincinnati, and a local software designer, Way Over the Line, LLC.

The Ohio State Board of Pharmacy is satisfied with security features, and has approved PocketScript, pending an Ohio Administrative Code Rule change that broadens the permissible means of transmitting prescriptions to include computer-to-computer and fax.

PocketScript is a small, powerful, fold-over personal computer that holds patient medical data, a drug reference guide, and the patient's insurance-coverage information. All data areas are updated via software links with patient records and the development firm. The system runs on a Windows CE platform, which means that Web sites may also be accessed on it. ■

— *Carol Larimer*

Bill Fry retires as ombudsman director

Bill Fry, director of Ombudsmon Services for nearly 20 years (ond with the professionol relotions division of Blue Shield for 21 years prior to thot) hos retired from the OSMA. Here, Fry reflects on his more thon 40 years of service to Ohio physicions.

Ohio Medicine: What has been the most significant change in medicine you've seen?

Fry: The massive changes that took place in Medicare in the mid-1980s. They were a good predictor of the type of environment we now see in managed care. Up to that period, there really wasn't a lot of regulation. The '60s and '70s were primarily an indemnity climate — not a lot of paperwork, and then, insurers did the coding. Now, physicians have to do the coding, and they need to know something about contracting, networks, referrals...the list goes on.

OM: How have you managed to keep up with all that you need to know to help members?

Fry: Through osmosis. Every day is like a mini-CME course. I've learned by reading, meeting regularly with the government agencies that handle Medicare and Medicaid, and by dealing with the problems themselves.

Bill Fry

OM: How do you think ombudsman services will change in the future?

Fry: It will become more prospective. We'll know about a problem before it becomes a trend, and we'll have a plan in place to take care of it. The ombudsman department will be less reactive and more proactive.

OM: What impact has managed care had on the ombudsman department?

Fry: We thought it might end the need for our services, but that hasn't happened. In fact, we're consulted now more than ever, and have even expanded.

OM: What advice would you offer Ohio physicians, based on your years of experience as a trouble-shooter?

Fry: The profession already knows it has to learn more of the business side of medicine. We see, now, more physician-lawyers and physician-MBAs as a result. The business side takes time away from patients, but it's something the doctors need to learn to run a successful practice. I'd remind them, though, to focus on the good things they get out of their practices – how they helped a patient, or even an entire family. That's the important side. Hopefully, the other side will begin to improve for them. I'd also advise them to continue to be members of organized medicine. I think it's appalling that organized medicine's numbers have declined over the last five or six years. The federation of medicine can do a lot for physicians, including making it easier for them to see and to treat their patients. They need to know that.

OM: What's next for you?

Fry: I'll have time to pursue some old interests of mine and some new ones. I'm on KePro's Consumer Advocacy Committee, and I may become involved in other service activities, but my idea, right now, is to find a balance, get to a point where my time is comfortable for me, then I'll see what else I can take on.

OM: Anything you wish to add?

Fry: I think it's gratifying when physicians know they can turn to the OSMA for help with their problems. I hope that's a tradition that will continue. ■

Joint Task Force

Continued from page 1

At its first meeting, March 31, the task force was expected to finalize four draft goals:

- To strengthen and promote policies and principles to improve quality of care and patient safety;
- To identify strategies to improve quality of care and enhance patient safety in Ohio health-care institutions;
- To identify barriers to implementation of strategies for improving quality of care and patient safety and develop strategies to overcome those barriers; and
- To identify and disseminate reliable quality-of-care and safety information to the public and provider communities.

> ***"What we'd like to do is see how we can use this as part of a hospital's and physician's continuous quality-improvement system."***
> ***—David Engler***

In addition to its draft goals, the task force also took to its first meeting a draft of tasks to be accomplished. By May 15 it is to recommend both a structure for implementing the goals developed in response to the IOM report and an operating budget, with funding sources. It is also to recommend several short and long term projects.

The statistics on errors in the IOM report won't play into the discussion. The numbers don't matter, Engler says. The point is to create a system where there is no error. "What we'd like to do is see how we can use this as part of a hospital's and physician's continuous quality-improvement system," Engler says, "to improve the systems that are already in place and implement them where they're not." ■

— Jan Leibovitz Alloy

Go online:

To Err is Human: Building a Safer Health System is available on the Institute of Medicine Web site, *www.iom.edu* for $27.96.

Colleagues

SANDRA EISELE, MD, Cincinnati, recently became the president and chief executive officer of Orthopaedic Consultants of Cincinnati, Inc. Dr. Eisele will serve a two-year term.

BRAD HARROLD, Columbus, a third-year medical student at OSU College of Medicine and Public Health, was appointed to serve on the AMA Council on Medical Education. He will serve a one-year term as a full voting member of this council, and will have the opportunity to contribute to shaping educational policy on a national level.

ROBERT KROMER, MD, Sandusky and **TEARLE L. MEYER, MD,** Columbus were reappointed to the Medical Quality Foundation Board for terms ending July 20, 2002. **TARUN K. GOEL, MD,** Cincinnati, and **MELODIE MORGAN-MINOTT, MD,** from Kent, were appointed to the Medical Quality Foundation Board for terms ending July 20, 2002.

LESTER MARTIN, MD, Cincinnati, was recently awarded the William E. Ladd Medal by the American Academy of Pediatrics. Dr. Martin was awarded the medal in recognition of his contributions to the field of pediatric surgery. He is emeritus professor of pediatrics and surgery at the University of Cincinnati and was director of surgery at the Children's Hospital from 1957 to 1989.

ANDREW M. THOMAS, MD, Columbus, has been named assistant medical director at The Ohio State University Hospitals. He will help coordinate the hospitals' graduate medical education programs and work on projects to help ensure the delivery of high-quality clinical care. Dr. Thomas is active with several professional organizations, including the Ohio State Medical Association where he is chair of the resident and fellow section, and a member of the association's governance board. He also serves as a board member and officer of PRN, Physicians for Responsible Negotiations. ■

Obituaries

CHARLES G. BROWN, MD, Mansfield, OH, Ohio State University, College of Medicine, Columbus, OH, 1938; age 89; died Feb. 16, 2000.

WALTER L. GEORGE SR., MD, Kirtland, OH, Case Western Reserve University, School of Medicine, Cleveland, 1942; age 84; died Feb. 19, 2000.

WILLIAM E. TODD, MD, Columbus, OH, University of California, School of Medicine, San Francisco, 1946; age 77; died Feb. 2, 2000.

JAMES C. SILL, DO, Dayton, OH, University of Osteopathic Medicine & Health Sciences, Des Moines, IA, 1968; age 58; died Feb. 20, 2000. ■

Portrait

You wouldn't think Marc Krokow, MD, an emergency physician at Lake Hospital System in Cleveland, would have the time to pursue a second career. Yet, with his parents and sister as business partners, he began development of a golf community in Michigan.

Mark Krokow, MD

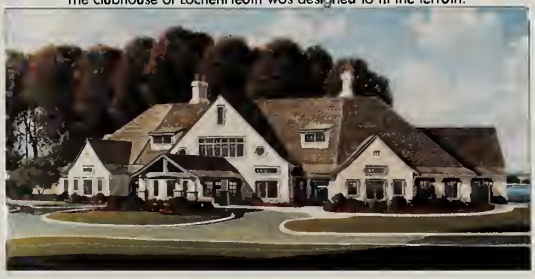
Born in Cleveland, Marc Krokow, MD, was raised at his family's second home in Phoenix. His father, an electrical contractor, divided his time between the two cities. As a result, Dr. Krakow became involved in real estate development at an early age. "I've always had a passion for construction, real estate development and medicine," says Dr. Krakow, who followed his sister's footsteps into medical school.

The project, as Dr. Krakow refers to it, is called LochenHeath. Named by the architect who designed the course, it combines loch, the Scottish word for lake with heathland, a type of natural grass in Scotland that grows in sandy soils.

Located on a bay near Traverse City, Michigan, the project encompasses 280 acres. Owned by the same family since 1920, the land was once the site of a cherry orchard. Dr. Krakow approached the owners with a proposal to develop it into a golf course and home site. The course and amenities cover 200 acres. It features a half mile of bay frontage; 84 homes are situated on the remaining acreage.

The golf course is a links style course, similar to those in Scotland. "A links style course is built on natural terrain, and is played hard and fast," states Dr. Krakow. Located on the bay, the course is affected by daily changes in wind direction which changes the way the course plays. "Amateurs will enjoy playing the course, but it also has the capacity to challenge the professional," says Dr. Krakow.

The clubhouse at LochenHeath was designed to fit the terrain.



"We incorporated the natural rolls of the property into the golf course," Dr. Krakow says. Even the clubhouse was designed to fit the terrain. With a pro shop, locker rooms, a full service dining facility and two private meeting rooms, it also accommodates conferences.

Having devoted one and a half years to developing this project, Dr. Krakow credits his wife, Andrea, an occupational therapist, for being very supportive. While the lots are presently for sale, the course itself will not open until spring 2001. Yet due to the style of the course, it is already receiving attention from *Links* magazine and *Golf International.* Dr. Krakow is now being courted by other developers who are interested in working with him to develop golf courses in other states.

"In the golf industry, people focus on giving the consumer the best possible experience. It's so different from medicine, which now looks to cut costs and improve the bottom line," observes Dr. Krakow. "Still, I enjoy caring for patients and working with people as well as the fulfillment of developing ideas," says Dr. Krakow. He plans to continue both careers. ■ — *Pamela J. Willits*

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- Francis Bacon

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A Publication of the Ohio State Medical Association

OhioMedicine

May 2000

3

Should you report patients who shouldn't drive due to a physical impairment? The AMA wrestled with that question recently, and now some state governments are interceding, forcing doctors to blow the whistle on their patients.

4

If you rent office space to vendors or other professionals, be warned. The Office of the Inspector General has just placed office space rental on its fraud-and-abuse hot target list.

8

What do young physicians expect from organized medicine? What would make a young physician join the county society or the OSMA? Recently, the OSMA sponsored a telephone survey of young physicians to find out what's on their minds.

14

Substitute physicians can practice anywhere they are licensed to practice medicine. The entire world awaits. Recently, locum tenens work has begun to appeal to more and more physicians.

Tips for your practice

Practice savers: A tip-of-the-month to make your practice run smoothly....19

7 reasons why you should use the Internet 20

Why your office needs a compliance plan 21

Send prompt pay complaints here

Register complaints about slow payers on forms available through ODI's Web site.

If you are waiting for payment from an insurer or plan, and your claim is "clean", meaning no further information has been requested; has not been denied; and is more than 24 days old, then visit the Ohio Department of Insurance's (ODI) Web site for a health-care provider complaint form.

Once you have printed and completed the form, mail it to: Prompt Pay Section, Ohio Department of Insurance, 2100 Stella Court, Columbus, OH 43215-1067. The department's phone number is (614) 644-2577, and its fax number is (614) 644-3327.

"In order for the insurance department to understand the size and importance of the prompt-pay problem, we are encouraging members to download and complete this form," says Todd Baker, OSMA director of medical economics and advocacy.

You can access the ODI prompt-pay complaint form by visiting the OSMA Web site, *www.osma.org*, and clicking onto the links page. You'll find the ODI site under "state government." A link to the prompt-pay form is in a subdirectory of that site.

Proposed legislation

By the time you read this, the OSMA may also have introduced a prompt-pay bill into the Ohio Legislature. The bill would:

- Require all commercial insurers to reimburse physicians within 15 days of electronic claims; and 30 days for paper claims;
- Prevent insurance contracts from stipulating payment time frames longer than current Ohio law allows

Continued on page 10

OSMA launches *Politics and Policy*

New quarterly publication gives updates on latest legislative news.

Catch up on the latest health-care legislation with *Politics & Policy*, the OSMA's new quarterly publication devoted to legislative issues of interest to Ohio physicians.

The premier issue features articles on prompt pay and the prompt-pay study conducted by the OSMA; primary election results; the physician profiling bill; the federal Campbell antitrust bill; and a legislator profile, featuring, this issue, John A. Carey, Jr. (R-Wellston).

Politics & Policy is distributed to members of the Ohio Medical Political Action Committee, and the OSMA's grass-roots organization PLAN (Physician Legislative Action Network). Legislative staff members also distribute the publication at speaking engagements around the state. Any OSMA member, however, is welcome to receive a copy. To order a copy of the June/July/August issue, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #13-00. ■

HMO financial ratings report available

Check the financial strength of the HMOs with which you contract.

The OSMA's updated quarterly report rating the financial stability of HMOs is now available to OSMA members only. This report is provided as a service to help you evaluate the managed-care organizations with which you sign contracts. All of the HMOs that do business in Ohio are rated by three ratings services: A.M. Best, Standard & Poor's, and Weiss. The first report ran in the February issue.

The quarterly reports are provided in response to OSMA Emergency Resolution 26-99: Publication of Financial Reports by Ohio Health Maintenance Organizations. The information is also available on a "members-only" section of the OSMA Web site, *www.osma.org* ■

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Bills, Laws & Rules

Ethics

When should physicians be whistleblowers?

Should there be legislation that mandates physicians to report impaired drivers?

Walter Reiling Jr., MD, was faced with a dilemma. The patient he was about to release from the hospital was a heroin addict who would be free to return to his job — as a school bus driver. "If I were to report this, I very well could be held liable by the patient in a civil court if he lost his job," Dr. Reiling says. "On the other hand, what if he pulled his school bus in front of a train, and a number of children were killed and it came out in the investigation that he was, in fact, a heroin addict, and I knew about it? What do you do? It's a very uneasy feeling."

So uneasy that Dr. Reiling won't say what steps he took. He will say, however, that there must be a course of action for a physician who believes a patient is impaired to drive. "What I'd like to see is freedom from liability and ethical constraints under obvious and extreme circumstances."

He isn't the only one. At the AMA Interim meeting in December, the House of Delegates adopted a controversial resolution submitted by the Council on Ethical and Judicial Affairs that physicians be permitted to report impaired drivers to their state bureaus of motor vehicles. Some physicians are concerned they will have to snitch on patients with conditions like epilepsy. "That's ridiculous," says R. Scott Stienecker, MD. "There should not be a new bureaucracy that forces physicians to report patients. That will keep patients from coming to doctors with medical problems." On the other hand, he says, physicians must be able to weigh confidentiality issues against danger to the public. "If a patient came into my office and said they were going to take a gun and shoot you, would you want me to keep that private?"

In a recent letter to Tim Maglione, OSMA legislative director, Dr. Stienecker requested that the Focused Task Force on State Legislation look into the issue of impaired drivers. He'd like to see an ethical policy resolution go before the OSMA House of Delegates. On behalf of the Allen County Academy, he'd be happy to draft it himself, he wrote to Maglione.

A patient who should no longer drive usually will give up the keys, Dr. Reiling says, if he can convince that person of the danger if he or she continues to drive. "Generally, if you sit down with a patient and their relatives, you can work out a solution. That's one of the reasons I don't want mandatory reporting."

But if he can't pry that patient from the driver's seat, he says, he needs to have some recourse. "I'm a strong advocate of patient confidentiality," he says. "but I do think that there comes a time where you have to place the common good above the individual. I'm not sure I can define that in legal terms, but I'm sure there is a line where the risk to the community becomes very real." ■

—Jan Leibovitz Alloy

States that mandate reporting

Six states currently require physicians to report patients who suffer chronic lapses of consciousness to public health officials — who then report this information to the department of motor vehicles. The states are: California, Delaware, Nevada, New Jersey, Oregon and Pennsylvania.

The California law specifically targets epileptic drivers, requiring physicians there to report all epileptic patients. The Epilepsy Foundation of America wants that law repealed. Says one foundation attorney: "Any statute that requires people to pause before talking to their doctor should be discouraged." Epileptics' licenses are not automatically revoked, says a spokesperson with the California Department of Health Services. Cases are decided on an individual basis. But the epilepsy foundation says there is no information that shows mandatory reporting is effective.

Here in Ohio, reporting of any kind is not mandated, but the Bureau of Motor Vehicles (BMV) does have a protocol in place for physicians who need to report an impaired patient/driver.

Your first step is to send the bureau's medical unit a letter stating the reason why you believe the patient needs to be issued a medically-restricted license. The medical unit reviews the letter and subsequently sends both you and the patient a form to complete. Forms are then returned to the bureau, and the medically-restricted license is issued.

If you have a question as to whether or not a patient should be reported, you may contact the bureau, which will then present the case to one of its outside physician-evaluators.

All information reported to the BMV is treated confidentially. ■

What the AMA says about impaired drivers

The following recommendations of the Council on Ethical and Judicial Affairs were adopted by the AMA House of Delegates at the interim meeting in December.

Physicians in a position to evaluate the extent or the effect of an impairment should assess patients' impairments that might adversely affect driving abilities;

Before reporting, physicians should discuss remedial measures that may make reporting unnecessary;

Physicians should use their best judgment in determining when it is desirable and ethical to notify the Department of Motor Vehicles (DMV) — where clear evidence implies a strong threat to public and patient safety, and where advice to discontinue is ignored;

Physicians' reporting role is dictated by state reporting laws and medical practice standards, and determining ability to drive safely should be made by the state's DMV.

Physicians should disclose and explain reporting responsibility to their patients;

Physicians should protect confidentiality by reporting only the minimal amount of information, and by ensuring that reasonable security measures are used in handling sensitive information; and

Physicians should work with their state medical societies to create statutes that uphold the best interests of patients and community, and that safeguard physicians from liability when reporting in good faith. ■

— Jan Leibovitz Alloy

Bills, Laws & Rules

Fraud and abuse

Target: Office space rental

The Office of the Inspector General says rental arrangements are vulnerable to abuse.

Are you an ophthalmologist renting space to an optometrist? Is there a "consignment closet" of durable medical equipment in your practice? Does a vitamin rep rent space in your family practice to set up a display of products? If you can answer "yes" to any of these questions — or similar arrangements, beware. Your arrangement may invite investigation by the Office of the Inspector General's (OIG) office. If rental amounts don't reflect "fair market value," says the OIG, the excessive rent *could* be hiding kickbacks.

"We have received reports that some suppliers whose businesses depend on physician referrals are paying excessive rent for office space to their physician-landlords to keep referrals flowing," says Inspector General June Gibbs Brown.

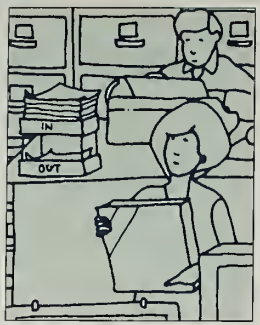
What to watch for in rental arrangements:

- **Appropriateness** — Is payment appropriate? Payments of rent for space that, traditionally, has been provided for free or for a nominal charge may be disguised kickbacks. *Generally, rental payments for consignment closets in physicians' offices are suspect.*
- **Rental amounts** — These should be fair-market value, fixed in advance, and not take into account, directly or indirectly, the volume or value of referrals or other business generated between the parties. Amounts should not exceed the amount paid for comparable property.
- **Time and space** — Suppliers should only rent enough space necessary for a commercially reasonable business purpose. In addition, rental amount calculations should prorate rent, based on the amount of space and duration of time the premises are used.

"Safe harbor" option

The good news is there is a space rental "safe harbor" to the anti-kickback statute. To make certain your arrangements meet the safe-harbor requirements:

- Put the agreement in writing and have both parties sign it;
- Make certain it covers all of the premises rented, and specifies what premises are covered;
- If access is only for periodic intervals, specify the schedule of the intervals, and the exact rent;
- The agreement should not be for less than one year;
- The aggregate rental charge is set in advance, is consistent with fair-market value, and doesn't take into account the volume or value of any referrals or business generated between the parties;
- The space rented doesn't exceed what is reasonably necessary to accomplish the business purpose of the rental. ■



Go online:

To read the special fraud alert on the rental of space in physicians' offices, check out the OIG Web site, *www.hhs.gov/oig/frdalrt/index.htm*

Fraud and abuse

New data bank now fills requests

Final adverse action reports now available on physicians charged with fraud and abuse.

As of March 6, the Healthcare Integrity and Protection Data Bank (HIPDB), the federal government's new watchdog, began to accept requests for final adverse action reports on health-care practitioners, providers and suppliers.

HIPDB contains information on: civil judgments, with the exception of malpractice judgments, related to a health-care service or item; federal or state criminal convictions; final adverse actions by licensing and certification boards; and exclusion of providers from participation in federal or state health-care programs.

Final adverse action reports must be submitted to the data bank by state and federal law enforcement organizations; licensing and certification boards; federal agencies that administer payment for health care; and private health plans. Data bank access is limited by federal law to various state and federal agencies, private health plans, and individuals (like physicians) who may request their own reports. ■

Take action

Information about the data bank can be obtained by calling the data bank help line, (800) 767-6732, or by visiting the data bank Web site, *www.npdb-hipdb.com*

Surgery centers unite

Ohio's ambulatory surgery centers wanted joint representation before the legislature.

Members of Ohio's ambulatory surgery centers met last April to consider forming an organization that would address their needs. "Being a relatively new segment of the health-care industry, we all have concerns about government regulations and financial compensation," says Tom Ealey, practice administrator for the Orthopaedic Institute of Ohio in Lima. Officially formed in September, the Ohio Association for Ambulatory Surgery Centers held its first board meeting in late October.

The 16 board members consist of administrators, RNs, and physicians from surgery centers. "Many of us felt, in a regulated industry, we needed some form of joint representation before government," says Ealey, president of the association. The regulations that govern surgery centers are fairly specific. "One of the misconceptions is that we're a mini hospital," Ealey says. "A hospital has a much broader mission, we have a more narrow mission." Education through networking is the association's second objective. "I see us becoming a major factor in continuing education for our industry," says Ealey.

In November, the executive committee met in Columbus with James Baird, MD, director of the Ohio Department of Health. As a result of the meeting, the association, in conjunction with the state, sponsored the first statewide seminar on regulations of ambulatory surgery centers. ■

— Pamela J. Willits

Bills, Laws & Rules

Now that the funds are won

Divvying up the tobacco settlement

Earlier in the legislative session, there was concern that long-term distribution of the $10 billion national tobacco settlement in Ohio would languish in a sea of unresolved differences. Finally, however, **Senate Bill 192,** a legislative effort to put some direction into divvying out the settlement monies, was sent to Gov. Taft's desk, where it was signed March 3. It takes effect next month.

"We fared well by comparison," says Marla Eshelman Bump, OSMA Department of Legislation. "With SB 192, it became apparent that a large share would go to schools — about half of the settlement. But about $1.25 billion will go into a trust fund for the prevention and cessation of smoking — and we're pleased about that." In all, there will be seven trust funds established to receive and distribute the settlement money. Several of these entities — covering smoking cessation and prevention, public health priorities, and biomedical research — have strong health implications.

Although the Tobacco Use Prevention and Control Foundation had originally planned on a $1.5 billion distribution in the 25-year funding plan, the $1.25 billion now earmarked for the first 12 years is among the best distributions put into SB 192. "This part of the distribution is front-loaded," says Bump. "This means we received most of our money in the first round of funding and have more to work with than most of the other foundations."

Supporting the prevention and cessation programs was the Coalition for a Healthier Ohio, which was comprised of several major health organizations, including the OSMA. Numerous physicians, physician groups, and other health agencies also participated in the coalition. "It is OSMA policy to direct some of our financial resources into tobacco cessation," says Bump.

With the Tobacco Use Prevention and Control Foundation in place, "People and organizations can apply for statewide funding," says Bump. The Foundation

Board, which will include a representative from OSMA, will evaluate proposals and allocate funding for the programs it judges, as being most worthwhile and most likely to have the desired impact.

In coming months, as the foundation becomes functional, organizations that already have successful smoking cessation and prevention programs should be encouraged to apply for tobacco settlement funding, and expand their programs to the state level, says Bump. Also, there is opportunity for new program ideas to be proposed for funding, too. ■ *— Yvonne H. Burry*

Tobacco settlement distribution

This is how legislators have split Ohio's share of the tobacco settlement fund.

Fund	25-year plan Task force report/ House/Senate	12-year plan Final funding
Tobacco use prevention and control	$1.5 billion	$1.25 billion
Public health priorities	$809 million	$253 million
Biomedical research and technology transfer	$1.8 billion	$493 million
Law enforcement improvements	$25 million	$25 million
School facilities	$4.5 billion	$2.5 billion
Education technology	$1.2 billion	$219 million
Southern Ohio agriculture and community development	$10.1 billion	$4.97 billion

Contract tip

Check plan's financial stability

You're unlikely to get a plan to agree to disclose its financial data.

A managed-care company goes under and you're left with a number of unpaid claims. Is there some contractual way to ensure this won't happen?

Conceivably, you *could* include a clause in your contract that requires the plan to give you the kind of financial information that will warn you of impending insolvency — but good luck having that clause accepted, says Nancy Brigner, partner in the health law department of Schottenstein, Zox & Dunn in Columbus. "Payers don't like giving out financial information," she says. "Do you think they're going to copy their annual financial statements and send them to 6,000 physicians on their panel?"

Even if a plan agreed to release that information, Brigner says, "Most physician practices don't have the personnel to interpret whether the audited financials are telling them good news or bad news."

That's not to suggest you contract blindly, however. "Before you get into a managed-care contract, you want to do some due diligence as part of that," says Brigner, "You want to make sure the plan is financially stable."

All HMOs that operate in Ohio are required to submit quarterly financial statements to the Ohio Department of Insurance. Those statements are public records, you can find summaries of them at ODI's Web site. (Visit the OSMA Web site, *www.osma.org* and link from there.) Be sure, also, to read the plan's annual report if it's available, and don't forget the HMO financial stability ratings report that appears quarterly in *Ohio Medicine.*

Once you sign on with a plan, keep an eye on the time lag for reimbursements. If the payment schedule suddenly slows down or stops altogether, find out why, Brigner says. "Are they just having a computer glitch or is it that they're having problems getting money out the door?"

Insurance plans are required to maintain a certain level of financial reserves. Although it's reasonable for you to expect notice if a plan isn't meeting its requirement, Brigner says, "If they fall below the reserve requirements, they're already in trouble. So the best way to protect yourself is to monitor how quickly they're paying their claims. If the time lag significantly increases, you should investigate and determine whether you should remain on their panel." ■ *— Jan Leibovitz Alloy*

Ethics

Office vending

Think twice about selling health-related products from your practice.

Ohio physicians are being recruited to distribute such items as vitamins and nutritional supplements through their practices. Before you agree, think twice. It could land you in trouble.

Many such products are sold through multilevel marketing plans — pyramid schemes — in which distributors not only sell the products, but also receive commissions on the sales of "downline" distributors they recruit. Participation in pyramid schemes is illegal in Ohio.

Even if the product and distribution are legal, you could be in a touchy, ethical situation. A patient who sees products for sale in your office could feel coerced to buy them. You must make it clear that the product or service you sell is offered only for convenience. "The appropriate way to do that," says Nancy Gillette, JD, OSMA counsel, is to say, 'I do make such-and-such brand available, but you can go wherever you want and get them.'" If you make available a prescription item, such as an orthotic device, you must give the patient a copy of the prescription, to be filled by the pharmacy or provider of the patient's choice.

The AMA House of Delegates rejected a resolution at its Interim Meeting on this subject. Instead, it reaffirmed current AMA policy, H-140.931, which requires among other things that physicians:

- sell only health-related products that have been reported in scientific literature to be efficacious;
- distribute products free or at cost, to prevent the appearance of conflicts of interest. ■ — *Jan Leibovitz Alloy*

Go online

The full text of AMA policy 140.931 and related policies can be found at *www.ama-assn.org/apps/pf_online/pf_online*

OSMA News

Membership

What do young physicians want?

According to a recent survey, young physicians join the OSMA for legislative advocacy, but once members, they want the association to serve their business needs.

What is it that young physicians, defined as active practitioners no more than 39 years old, want from organized medicine?

"We established a task force to find out what services this specific group is looking for," says Shar Wackman, OSMA Membership Services.

It is the role of the Focused Task Force (FTF) on Young Physician Research to find ways to prompt more young physicians into membership. The OSMA currently has 1,767 young physicians on its rolls, but that's a widely fluctuating number, as birthdays of its members come and go.

The FTF's first phase of its duties is complete. It has conducted a telephone survey among nearly 200 young physicians.

"The telephone interviews provided solid suggestions on what this group needs OSMA to provide for them," says FTF Chair Walter Reiling, III, MD.

Walter Reiling, III, MD

"Preliminary results show that physicians want to cut the red tape and put their practices in perspective," says Wackman. For example, results (see separate story) show that the young physicians' strong interest in an OSMA business focus would allow them to proceed with the business that concerns them most — the responsibility of dealing with patients.

The survey results will be tabulated, then turned into services and benefits that will doubtless serve all physicians, regardless of age. ■ — *Yvonne H. Burry*

Survey results

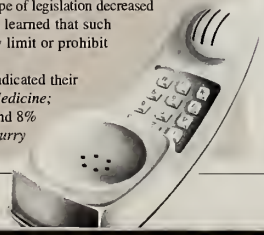
The following is a sample of some of the responses received from a telephone survey, conducted of about 200 young physicians, seeking what kinds of services they want from the OSMA.

49% View OSMA's advocacy efforts for medicine as their primary reason for joining.

60% Want OSMA to position itself to focus on the business side of medicine.

89% Want organized medicine to pursue legislation that would allow collective bargaining by all physicians. (In a survey of the general membership, overall support for this type of legislation decreased to 35% from 90% when participants learned that such legislation would most likely strictly limit or prohibit negotiation on reimbursement.)

In addition, 58% of young physicians indicated their primary source for information is *Ohio Medicine;* 34% from telephone calls to the OSMA; and 8% from the OSMA Web site. ■ — *Yvonne H. Burry*



Annual meeting 1999

Actions on resolutions

Wonder how the resolutions presented at last year's Annual Meeting fared? The OSMA has available for members an *Action Report* regarding the 1999 resolutions.

Resolutions that did not receive favorable action by the House of Delegates are omitted from the report. However, the action taken on 39 resolutions are included, including the resolutions regarding the Academy of Medicine of Cleveland.

Don't forget, this year's Annual Meeting will be May 5–7 in Dayton. For more information, contact Amy Johnston or Dave Torrens, Department of Meeting Management, (800) 766-6762. ■

Take action

For a copy of the OSMA Action Report on 1999 resolutions, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #9-00.

Alliance Report

Dayton to host 60th annual convention

The Ohio State Medical Association Alliance 60th Annual Convention will be held in Dayton on May 11 and 12, 2000 at the Crowne Plaza Hotel.

New officers for the 2000–2001 year will be installed: President — Carol Muth (Montgomery County); President-Elect — Retta Spreen (Hamilton County); Vice-President — Elaine Yaghooti (Stark County); Secretary — Anila Varghese (Clark County); Treasurer — Theda Jesson (Montgomery County); and Past President — Jan Kirlin (Hamilton County).

The OSMA Alliance Legislative Day was held on Tuesday, April 11 in Columbus. Our members shadowed our legislators for a two-hour period. This program was designed to involve our members in maintaining contact with our state representatives and senators. This was a wonderful opportunity for the Alliance to meet our legislators and be proactive for medicine.

On April 24–30, the OSMA Alliance joined with Walden bookstores across Ohio to celebrate National TV-Turnoff Week. The Walden bookstores distributed the Alliances' Unplug the Violence bookmark with each book they sold that day. Millions of individuals around the country voluntarily turned off their television sets April 24-30 and rediscovered that life can be more constructive, rewarding, healthy -- even informed, with more time and less television.

As a member of OSMA, you can participate in the fifth annual TV-Turnoff Week by asking your family and patients to say no to television violence and yes to quality family time. ■

Jan Kirlin is president of the OSMA Alliance.

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OSMA News

OSMA educational calendar

May

Finding and accessing information on the Internet

This free, educational meeting is designed to inform physicians about using the Internet as a medical information tool. The program is a basic orientation to the Internet for those with limited or no experience in this area. After attending, you should be able to choose appropriate computer equipment; establish an Internet connection; customize a search of the World Wide Web to find medical resources, journals and news; and communicate with other medical professionals in a large forum using chat rooms, list serves, etc.

When: Friday, May 5 and Saturday, May 6
Where: Dayton Convention Center, Room 306
Time: May 5, from 6:30 p.m.–8:30 p.m.; May 6 from 7:30–9:30 a.m.
Sponsor: OSMA Focused Task Force on Education
CME credit: 2 hours of Category 1
Contact: OSMA Educational Services, (800) 766-6762, Ext. 6735

CPT 2000 changes

The first CPT book for the new millennium brings with it 136 new, 91 deleted and 83 revised codes for a total of 320 changes, which includes the addition of a new modifier. Those physicians and coders who work in general surgery, urology, OB/GYN, neurology, and radiation oncology are the most affected, as are those involved with laparoscopic procedures.

When: May 9 through June 1
Where: Locations across the state
Contact: Cathy Sonnhalter, Ombudsman Services, (800) 766-6762, Ext. 6759.

What new physicians need to know about Medicare

Physicians who are new to practice or who will be in practice soon are invited to take advantage of an educational seminar on Medicare designed just for them. This is an opportunity to learn the basics directly from the people you will be dealing with. Included will be information on how to obtain a Medicare provider number and what you need to know about fraud and abuse.

When: May 16 and June 13
Where: OSMA Headquarters, 3401 Mill Run Dr., Hilliard, OH
Time: May 16, from 8:30–11:30 a.m.; and June 13, from 1–4 p.m.
CME Credit: 3 hours of catagory 1 ■

Upcoming events include a seminar on developing a compliance plan. See page 21 for more information. Check the OSMA educational calendar on a regular basis. It can be found on the OSMA Web site, www.osma.org.

Prompt-pay complaints

Continued from page 1

(24 days). Current contracts between physicians and insurers often allow for reimbursement at 30 days, 45 days, or longer;

- Prevent insurers from "looking back" longer than one year at possible overpayments.
- Require automatic interest payments to physicians for late payment of claims, and allow ODI to impose stiff fines on insurers who habitually fail to comply with the law.

Members have identified prompt-pay reform as the number one priority for 2000. The OSMA is working with regulators, insurance companies and legislators in an effort to ensure that physicians are reimbursed promptly for services rendered. ■

Take Action

The OSMA has prepared a policy brief on the issue of prompt pay. For a copy of the brief, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #12-00. If you have questions or concerns about slow payers, contact Todd Baker, director, medical economics and advocacy, (800) 766-6762, Ext. 6734.

President's Perspectives

Reflections on the year

Dr. Utlak

It doesn't seem that long ago that I took on the responsibilities of OSMA president. Now, with my year at an end, it's a good time to reflect on what the association accomplished this year, and on the work that continues to lie ahead for us.

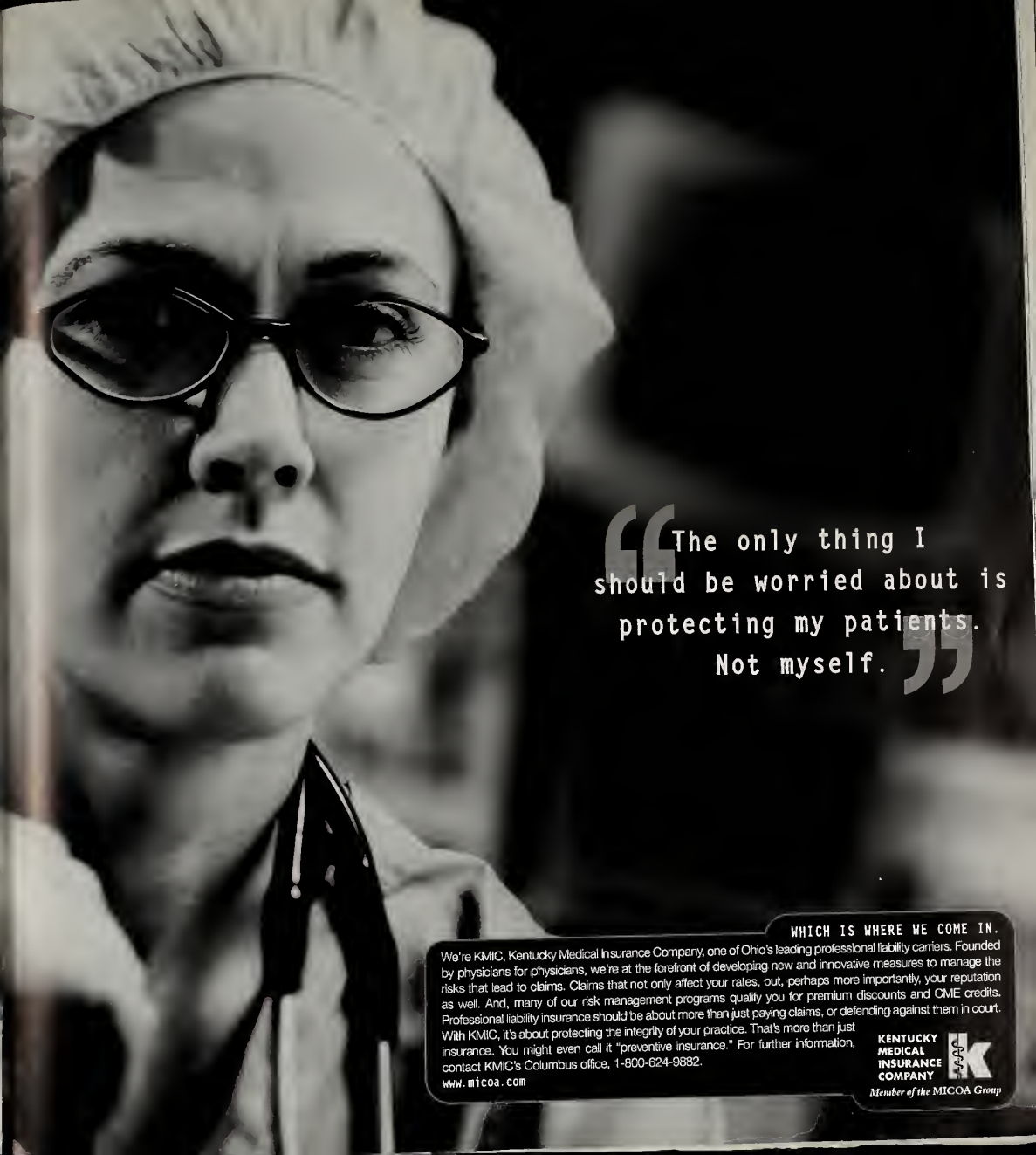
I'm especially pleased with the passage of House Bill 4, the Patient Protection Act, which guarantees, among other things, an independent external review process when disputes arise between patients and their plans. This is significant and meaningful managed-care reform, and the OSMA played an active role in achieving its passage. Other bills we successfully supported this year include a duty-to-warn bill which provides mental-health professionals some protection from liability when they warn others of a potential for harm, and a bill that allows children to carry their asthma inhalers in school. Also this year, we were able to increase the amount of reimbursement for Medicaid providers. While we were unable to stop the nurse prescribing bill from becoming law, we made it one of the most limited prescribing laws in the country, and we defeated a bill that would have repealed the law requiring schoolchildren to be immunized.

The OSMA also began to more closely monitor health plans. In February and again this month, we have made available a report on how ratings companies rate the financial strength of Ohio's HMOs. And, lately, we have become a more proactive communicator in the managed-care arena. We are meeting regularly, now, with medical directors, and are closely monitoring those HMOs that are foundering or have failed to determine the effect the failure will have on providers. We were there to offer physicians a hand when a Toledo hospital began massive layoffs of physicians; and we were there again to offer help when three Cleveland hospitals were forced to close their doors. Thanks to our unprecedented "prompt pay" survey, we now have the data we need to go to legislators and show them how large this problem has become for physicians.

The Women's Health Initiative continued with education on breast cancer; we launched a new, weekly electronic newsletter; and we are focusing on providing more educational opportunities for members. Together with the OHA: The Association for Hospitals and Health Systems, we formed a joint task force to study the prevention of medical errors. And we weathered Y2K.

We've accomplished a great deal this year, but our work isn't over. A bill proposing physician profiling is being considered at the Statehouse; there are Supreme Court races that need our attention, especially in view of the tort-reform law's overturning by the Court earlier this year; and our prompt-pay issue is far from resolved. I leave these concerns in the capable hands of incoming President Walter Wielkiewicz, M.D.

It has been my pleasure to serve the physicians and citizens of Ohio this year. It has truly been a memorable year. I look forward to continuing to provide my input as Immediate Past President. ■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OSMA News

Federation of Medicine

From the county files

A complementary medicine clearinghouse

The Columbus Medical Association will educate physicians and the public on alternative health care.

In September 1999, the Columbus Medical Association formed an ad hoc committee to help educate physicians and the public about alternative health treatments.

"I formed the committee in response to what I perceived to be a need in our community," says Steven Richardson, MD, president of the CMA. The committee presently consists of 14 physicians and two academic pharmacists. Their level of interest in complementary medicine covers a broad spectrum. One physician's entire practice is devoted to complementary medicine while another, an internist, simply wants to be prepared to answer patients' questions.

Complementary medicine, a term the committee prefers to alternative medicine, has yet to be fully defined. "From a physician's standpoint, the tendency would be to define complementary medicine as anything that has an impact on patient's health, which is not taught as part of the medical school's curriculum," says Dr. Richardson.

Acupuncture, once considered an alternative therapy, is now governed by laws in Ohio and recognized by insurance companies as being effective in some medical instances. As different therapies are more closely scrutinized, they will be accepted or rejected by the medical community, based on scientific evaluation. A recent example is St. John's Wort, which has shown, through research data, to have an impact on relieving depression.

As part of its educational plan, the committee will be formulating position papers so that members of the association will have information on the kinds of therapies and herbal remedies that are presently available. The position papers will serve two functions: first, to make physicians aware of the types of complementary medicine their patients may already be using, and second, to make the public aware of the possible pros and cons of such use. "We have an unrestricted Web site, and plan to post these papers for the public to see," says Dr. Richardson.

The committee is also generating a reference list to help provide physicians and patients with what they consider to be legitimate sources of information. Resources include textbooks on herbal medicines, journals that evaluate different therapies, articles from standard medical journals, and reports from committee members themselves, regarding their success in treating patients with complementary medicine.

On May 20, the committee will hold a seminar on complementary medicine. "We think this will give us a good chance to see the actual number of physicians interested in and currently practicing complementary medicine," says Dr. Richardson.

The CMA is not taking a stand on the use or effectiveness of complementary medicine. It merely recognizes its existence and hopes to provide rational evaluation of these therapies. "Our sense of what this organization should be," says Dr. Richardson, "is to act as a clearinghouse of information, and also to be a service to our physicians and to the community." ■ — *Pamela J. Willits*

AMA Report

AMAP discontinued

The four-year-old program will remain until accreditations are complete.

Dr. Abromowitz

The AMA has discontinued its four-year old accreditation program known as AMAP (American Medical Accreditation Program) because of large expenditures and what appeared to be a marketplace that was still not ready to accept this type of quality control program. AMAP may have been ahead of its time. Continuing the operation was, in the opinion of the board, not feasible from a business standpoint. Currently, AMAP is easing out of the eight states and the District of Columbia in which contracts are in place. A version of the program will remain in place until accreditations (and appeals) are completed. About 4,000 physicians are affected — none in Ohio. New Jersey may continue its AMAP commitment.

Although concern has been expressed that other nonphysician groups will now step in to fill the void of performance measurements, the AMA is adamant that it will continue to keep a high-profile role in this area. Work will continue, for example, on setting standards to evaluate physicians' clinical processes and outcomes. And the AMA is trying to determine if other accrediting bodies would be willing to incorporate AMAP standards into their evaluations. The AMA has no regrets about its role in developing and supporting this ambitious program. Now, the AMA will look at other areas where it can participate in physician evaluation. Its commitment to providing physician input into this important process will continue.

Michigan group joins PRN... Physicians for Responsible Negotiation (PRN), the AMA-developed collective bargaining unit, has its first bargaining group. Twenty-seven Wellness Plan doctors, based in Detroit, voted in favor of joining the physician union; eight voted against it; and an additional three didn't vote. PRN will help the group form bargaining groups and help them negotiate contracts. Strikes, however, will not be considered. Executives at Wellness Plan have already indicated that they are not in favor of unionization, which they claim will radically change its 140,000-member HMO. One Detroit pediatrician, however, says he is looking forward to working with PRN, and hopes the union will be able to ease his frustration over working without a contract — a condition that has continued for more than a year.

Annual meeting report...I will be presenting an AMA update during the OSMA Annual Meeting, to be held May 5–7 in Dayton. All members are invited to attend. AMA members are welcome to attend the AMA Annual Meeting, to be held June 11–15.

It is my honor and privilege to serve as a member of the AMA Board of Trustees. If you have any comments, questions or concerns about the AMA or AMA matters, please don't hesitate to contact me. ■ — *Herman I. Abromowitz, MD*

On the Web...

Practice opportunities online

In response to many inquiries about job opportunities in Ohio, the OSMA is in the final stages of completing a joint effort with OHA: The Association for Hospitals and Health Systems to establiish a practice opportunities matching service for physicians in Ohio.

The program, which is expected to be on the OSMA Web site by this month, will be free for physicians and will allow them to direct their response to available opportunities of their choice or to post their CV for review by hospital and practice recruiters. The program is part of a new Ohio Health Council established by the OSMA and OHA.

When you register, you will have exclusive control over who receives your curriculum vitae or you will also be able to update your CV, run opportunity searches or forward your information to an employer through the system for timely direct contact with the employer.

The service will require no monetary investment on the part of OSMA or OHA other than staff time. The program will be supported through annual membership fees paid by those seeking physicians. Employers, whether large or small, will have a chance to compete on equal terms for candidates interested in their respective opportunities, and reduce recruitment and candidate sourcing costs.

If you have questions about the job placement service contact Doug Evans, director, OSMA Membership Services, at (800) 766-6762, Ext. 6774. ■

Take Action

Let us know what you think of the new OSMA home page. Is it easier to navigate? Do you like the new sections? Does the site load up faster? E-mail your comments to Karen Kirk at: *kkirk@osma.org*, or call her at (800) 766-6762, Ext. 6754.

Practice Tips

Substitute physician

Locum tenens work offers physicians a variety of jobs

The whole dynamic of medical placement has changed. The main cause for locum tenens work is not sickness, pregnancy, or a desire to cut down the work load, says Gil Johnson, president of the National Association of Physician Recruiters (NAPR), and president of his own recruitment firm, Gil Johnson and Associates in West Monroe, Louisiana. Instead, with the current trend of five career moves during the first 10 years of practice (it used to be two), Johnson says many physicians are taking locum tenens assignments as a way to sample a practice's corporate culture, to research the market — and to avoid making another financially-devastating practice decision.

Coat, hat, stethoscope

Typically, most benefits and liability insurance are covered by the practice or contractor who supplies the locum tenens service. Other than obtaining licenses in various states (and some contracting companies pay for that), physicians have very limited expenses (even meals are covered with *per diem* expenses.)

"Locum tenens gives a physician a way to escape the paper work," says Dan Groth, president of the Locum Medical Group in Cleveland. "All they need is a coat, a hat, and a stethoscope."

Locum tenens physicians obtain privileges, walk in and start seeing patients. They can work two-thirds of the year, and earn an income equivalent to that of a full-time practice.

There are risks

However, there are some risks associated with the use of locum tenens, Johnson says. For example, a locum tenens physician is not familiar with the patients, and will probably not stay long enough to develop a relationship. This creates an increased risk of mistakes and malpractice. Although locum tenens is not very popular with

patients, it's often necessary. To a service providing company, the risk of losing business is greater than the risk and cost associated with the use of the locum tenens.

Most placement organizations for locum tenens operate nationally, not locally, says Johnson. Physicians considering locum work need to be licensed in states where they wish to practice. This can take six to eight weeks, and can become costly. Currently, says Johnson, there is a huge need in rural areas, inner cities, government facilities, correctional facilities, and on Native American reservations.

Ohio market

Ohio is a unique challenge for locum tenens positions, because managed care has a strong presence in the major markets, and hospitals have gone into practice management says Johnson. He adds that, now, however, more hospitals are shedding practice management as it has become financially unrewarding.

Debra Celec, DO, is a Bellville otolaryngologist who works both urgent care and locums assignments. She is licensed to practice in Ohio, Pennsylvania, North Dakota, South Carolina and Alaska, and works with several placement companies. Although she says there is some fluctuation in income and overlap of placement opportunities, she has been doing this for two years and loves it. "I like the variety of opportunities and locations, and the flexibility of scheduling," she says. "Sometimes, you have to be OK with no work, too." Dr. Celec plans to continue working as a locum tenens physician. "I've seen places I would not have otherwise seen, and had interesting cases in a variety of cultures, including Native Americans."

Dr. Celec suggests that anyone finishing a residency should get licensure in states where they would like to be available. Since most physicians begin with a two-or-three year contract, this is a good way to find another opportunity.

Overseas market

Daniel Sullivan, MD, a retired Toledo family practitioner, planned one of his locum tenens positions two years in advance. He worked with a placement company in Salt Lake City that does only overseas postings. Dr. Sullivan had the opportunity to serve for half a year as a bush doctor in Australia, serving Europeans, Aborigines and people from all countries at several locations. With U.S. licensure, he says, a physician can obtain temporary licensure to practice specifically for a physician at an assignment, with separate billing for each assignment, and two to four weeks per assignment overseas. Closer to home, he works for a locum tenens agency in Texas for assignments in the U.S., and has worked in southern Indiana several times, and is slated for Akron this year. He recommends anyone considering this work should sign up with two agencies. That will give them more options, as well as the ability to accept or reject any assignment. ■

— Yvonne H. Burry

Considering locum tenens?

Charles Corbett, president of Davis-Smith, Inc., a Southfield, Michigan certified physician recruiter, says locum tenens is one of the fastest growing areas in the career market. A decade ago, only 1 or 2% of physicians did locums; now it's closer to 10%. If you're considering locum tenens, here are a few pointers to keep in mind:

- Set parameters for yourself; for example, how much of the year do you want to work?
- Have all your credentials gathered and in order so they can be faxed out immediately.
- Decide which geographic areas and working conditions you'll accept. If you live in Cleveland, would you consider a weekly commute to Wyoming?
- Decide what kinds of duties you'll accept — will you take call or want hospital privileges?
- Work with a good placement company that will be honest with your pay and provide good insurance. Occurrence is better than claims-made insurance, for example. Check references.
- Evaluate how helpful your placement company will be. Are their travel arrangements adequate? Do you have a good working relationship with the agency?
- Expect to get paid directly; good companies pay weekly.
- Expect a guaranteed amount of work if you are in a high-demand specialty. Currently, family practice, cardiology and radiology are in high demand. ■

— Yvonne H. Burry

A locum tenens sampler for would-be temps

CompHealth
4021 South 700 East, Suite 300
Salt Lake City, UT 84107
(800) 453-3030
Specialities they place: 47 medical specialties; greatest physician need in primary care, family practice, and internal medicine.
Areas served: All U.S. states and some overseas locations, notably Australia
Payment/placement volume: Payment every two weeks; places about 400 medical professionals/day
Web site: *www.comphealth.com*

Concorde Physician Source
735 N. Water Street
Milwaukee, WI 53202
(800) 334-6497
Specialties they place: Anesthesiology, radiology, pathology, family practice, internal medicine, urgent care. Greatest need is in radiology.
Areas served: Most U.S. states
Payment/placement volume: Payment is based on client preference; Concorde pays every 2–3 weeks. Places about 200 physicians/month.
Web site: *concorde@execpc.com*

Daniel & Yeager
Corporate Office
200 Clinton Avenue, Suite 400
Huntsville, AL 35801
(800) 955-1919
Specialties they place: Every specialty, with emphasis on anesthesiology, CRNA, emergency medicine, primary care, psychiatry, radiology.
Areas served: All U.S. states
Payment/placement volume: Payment every two weeks. Placement volume not available (NA).
Web site: *www.daniel-yaeger.com*

Davis-Smith Inc.
27656 Franklin Road
Southfield, MI 48034
(800) 541-4672
Specialties they place: Covers all specialties of physicians. Greatest need in radiology.
Areas served: Midwest regional, expanding into southwest and southeast.
Payment/placement volume: Payment every week. Placement NA.
Web site: *www.davissmith.com*

Health Care Job Store, Inc.
395 South End Avenue, Suite 15-D
New York, NY 10280
(212) 912-0175
Specialties they place: 25 specialties; recruitment firms are active users of this site; new positions posted every five minutes.
Areas served: All U.S. states
Payment/placement volume: NA
Web site: *www.locumtenensjobs.com*

Linde Healthcare
11325 Concord Village Ave.
St. Louis, MO 63123
(800) 588-4343
Specialties they place: All major specialties; physicians only; greatest need in radiology, anesthesiology, and pediatric subspecialties.
Areas served: Most U.S. states.
Payment/placement volume: Payment every two weeks. Places about 60 physicians/month.
Web site: *www.lindehc.cominfo@lindhc.com*

Practice Tips

OIG: "Doctors guilty of documentation errors"

Insufficient or no documentotion account for $1.1 billion in complionce errors.

In its report *Improper Fiscal Year 1999 Medicare Fee-for-Service Payments,* Inspector General June Gibbs Brown notes that the "majority of health-care providers submit claims to Medicare for services that are medically necessary, billed correctly, and documented properly." However, concern continues over provider documentation, with documentation errors increasing in 1999 an estimated $3.4 billion over the 1998 estimate, the report says.

The report outlines two components of the documentation problem: 1.) insufficient documentation to determine the patient's overall condition, diagnosis, and extent of services performed; and 2.) no documentation to support the services provided. Documentation errors attributed to physician claims accounted for $1.1 billion of the total $5.5 billion in documentation errors.

Examples given

Three examples of physician documentation errors are given by Inspector General Brown:

- A physician was paid $38 for interpreting an abdominal ultrasound. Based on the medical records, the reviewer found no evidence of an ultrasound or an interpretation of an ultrasound in this date of service. Therefore, the payment was denied.
- A physician was paid $28 for a hospital visit. However, the medical reviewer found a note in the medical records which stated, "Pt (patient) not in room." Because a patient encounter could not be verified and no other documentation substantiated the visit, the payment was denied.
- A physician was paid $420 for nine hospital visits for a patient's evaluation and management. According to the medical reviewer, the progress notes supported only three of the nine hospital visits. Accordingly, the reviewer denied a total of $280 for the six undocumented visits.

Federation response

The AMA has questioned the accuracy of the OIG's numbers, specifically its claim that improper payments have grown slightly to $13.5 billion. The association says that, for years, it has unsuccessfully sought an explanation of how the OIG determines this number.

"HCFA has become the 'IRS of the new millennium,'" says AMA Immediate Past President Nancy Dickey, MD, adding that the agency issues reams of complicated regulations, but fails to offer physicians so much as a simple 800 number to call with questions.

The OSMA recently held a compliance seminar and will continue to offer education on compliance issues. If you have suggestions for topics on this subject, contact the OSMA Department of Educational Services, (800) 766-6762, e-mail: *education@osma.org.* ■

Ombudsman case #3

The $3,500 solution

Practice type: Orthopedic group
Other party: Bureau of Workers' Compensation (BWC)

The challenge:

The practice was receiving reimbursement for many claims at rates lower than those on the BWC fee schedule. This was not due to any contract.

Supporting factors:

- Even though the disputed claims represented many types of services, the consistent, common underpayment factor appeared to he the difference between the BWC fee schedule and the MCO fee schedule;
- The medical office kept excellent records; in fact, the disputed claims were presented on a spreadsheet with the following headlines: DOS; MCO Claim Form #; CPT; Our Fee; Allowance: MCO Rate: Balance Due; Comments.
- The practice had submitted the claims five times within 12 months, and some disputed items had heen paid; these were dropped from the spreadsheet.

Exacerbating factors:

- Over that same period, additional services were underpaid; these were added to the spreadsheet.
- After 12 months, 17 items had been addressed; 93 remained unsolved.
- Because the BWC has a two-year window to address claims disputes (exceptions are sometimes made, extending the length of this statute), the BWC could have chosen to disregard the practice's oldest claims.

Ombudsman solution:

OSMA talked with BWC several times, also faxing copies of the practice's letters and most current spreadsheet to BWC.

Results:

Within two months, the practice received a check for $3,500, representing the rate difference for all disputed claims. ■ — *Carol Larimer*

Practice Tips

Your Practice Guide

Electronic classifieds

Seeking that perfect position? Turn to the Web.

A number of Web sites provide opportunities for registering your position preferences and curriculum vitae, as well as finding position openings that match your criteria. The following list isn't comprehensive. The sites were chosen because of useful or unique features.

Medical professional associations

- **American Medical Association**
  www.ama-ossn.org/cgi-bin/webad
  Search this site for classified ads, by specialty, from AMA publications.
- **American Academy of Family Physicians**
  www.aafp.org/coreers/plocindx.html
  Check out the excellent Physician's Form, which you can use as a guide for decision-making.
- **American College of Physician Executives**
  www.acpe.org/coreer/coreer.html
  See this site for additional relevant services, such as a one-day career-path seminar.

Recruiter professional associations

- **National Association of Physician Recruiters**
  www.napr.org/napr_main.htm
  Includes results of a recent "First-Year Starting Salary — National Average" salary survey.

Miscellaneous sites:

- **Career Mosaic HealthOpps**
  www.healthopps.com/healthopps/health33.html
  This site offers regional United States online job fairs.
- **Physicians Employment**
  www.physemp.com/homebody.html
  Formerly a magazine, now solely an Internet service. — *Carol Larimer*

The OSMA does not endorse or recommend any of the Web sites mentioned here. The OSMA and OHA are working to provide an online practice opportunities placement service for physicians in Ohio, which should be available by mid-month. *See page 13 for more information.* ■

"Work for another clinic?! Never! Why do you ask?"

Practice savers

Organize your purge charts

Editor's note: This month, Ohio Medicine *begins a new column in which group practice managers present time-saving, cost-saving tips.*

The storage and retrieval of medical records for inactive patients can be a dilemma for most practices. Linda Snyder, practice manager for Atrium OB/GYN, Inc. shares this tip for how they solved this problem:

"When it became necessary to store purged records in an off-site location, easily locating and finding a method for retrieval of these records was a concern. Our solution was to enter patient demographics into a software database program, such as MS Access; this is then saved on a CD. The search fields we decided to use are: last name, first name, middle initial, birthdate, SS#, date last seen in our office, spouse's name, and most importantly, the box number. After the information is entered, the charts are placed in the numbered boxes supplied by our storage company. When we need one of these records, we run the CD using the search fields to locate that chart and then fax our request to the storage facility. They find and retrieve the record, then deliver it to our office. We usually fax a list at least once a week. The storage facility also bar codes each chart that matches the bar code on the box. This feature is an internal control for the facility. The system works great. Eventually, we hope to modify this system for tracking our in-house charts." ■

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Practice Tips

Your Practice Guide

7 reasons to use the Internet

Why learn to navigate the Web? Here are just a few reasons.

Reason #1: To conduct research

To stay abreast of research and technology in your field by accessing key journals and the latest news articles pertaining to your interests.

Example: *www.newsservice.com* – An electronic subscription news service, it will e-mail you early each morning with articles matching your registered key words or phrases.

Reason #2: To check out information brought in by patients.

To anticipate patient questions that may have originated on popular health-forum pages, or to check the source and exact wording of information brought in by a patient.

Example: *www.looksmart.com* Click on health, then click on your area of interest.

Reason #3: To find answers to patients' frequently-asked questions.

You may be able to reprint this information, with copyright permission and credit, and make it available to patients as educational material.

Example: *www.osma.org* The OSMA has available on its site patient educational components of its Women's Health Initiative on domestic violence and osteoporosis.

Reason #4: To periodically check the accuracy of what others say about you.

The March issue of *Ohio Medicine* carried a list of Web sites that list information on physicians. Not all of this information may be accurate. Take time to check what these sites say about you.

Example: *www.state.oh.us/med/* The Web site of the State Medical Board of Ohio lists educational backgrounds and actions taken against physicians.

Reason #5: To monitor the competition.

Want to know how your competition is promoting itself? Educating its patients? How it's managing its practice? Log on to their site for a look at what they offer.

Example: Search for their names using multiple search engines simultaneously, with results merged from about a dozen leading search engines. To do this, log onto *www.metacrawler.com.*

Reason #6: To provide your input into important issues.

You can find opportunities online to participate in a number of public or professional discussions. Check out your hospital's Web site, your county society's Web site, your specialty society site, and, of course, the OSMA Web site.

Example: *www.osma.org* Go to the OSMA's Web site and click on bulletin board. There you'll find a place to discuss topics of interest to members and other health professionals.

Reason #7: To enhance your lifestyle.

You can pick up stock quotations, sports scores, or plan your next vacation. The world is at your fingertips, no matter what your interest. Log on and explore.

Example: *www.nasdaq.com* for stock quotations; *www.espn.go.com* for sports scores. ■ — *Carol Larimer*

Take Action

The OSMA will host a seminar early this month, at the Annual Meeting, for members who want to learn how to use the Internet. The free seminar offers 2 hours of Category I CME. Contact OSMA Educational Services at (800) 766-6762, e-mail: education@osma.org for more information or to register. Watch *Ohio Medicine* and the OSMA Web site for information on a more in-depth seminar on this topic to take place later this summer.

Market watch...

Community Health Plan bows out of 32 counties... Community Health Plan will relinquish state licenses to run its HMO in 32 counties, saying that 10 of the 12 rural hospitals left the plan's network in February. Licking Memorial Hospital in Newark, and Memorial Hospital in Fremont will continue the HMO program, but 20,500 plan members will need to find new insurance before June 30. Community Health's Medicare HMO, with about 4,000 enrollees, will continue until the end of the year. Then it will be available only at the Newark and Fremont hospitals. Once its license is relinquished, Community Health will operate only in the following counties: Coshocton, Delaware, Fairfield, Knox, Licking, Muskingum, Ottawa, Perry, Sandusky, and Seneca.

Total Health Care appeals termination notice... Ohio physicians must continue to see Total Health Care patients until a termination notice issued to Total Health Care, Inc. by the Ohio Department of Human Services (ODHS) becomes effective. Although the notice was issued on Feb. 17, Total Health has appealed the department's notice, so Total will continue its contract with ODHS until the appeal hearing is conducted. Among the failures by Total, cited by the ODHS as reason to terminate its contract, was timely payment of claims. While physicians are obligated to see Total patients under the terms and conditions of their contracts during the appeals process, Total is responsible, as well, for meeting its financial obligations for services provided until the termination date. Physicians should continue to file claims with Total in the same manner they have in the past, but should make certain they keep detailed and accurate records of all outstanding claims for future reference. ■

Compliance plan essential

If you don't have one — get one! Why you need to develop a compliance plan for your practice.

Editor's note: This month, Ohio Medicine *begins a series of tips based on the recent OSMA-sponsored seminar on developing a compliance plan.*

In a recent mail survey of 331 physicians, conducted by the Association of American Physicians and Surgeons, 82% of respondents reported that, over the last three years, their fear of prosecution or investigation over fraud and abuse charges has increased. Yet only 1% reported making changes in their practice to avoid threat of prosecution.

"Compliance is a matter of doing things right," says William D. Frew, a health-care consultant for Adams & Associates, and one of two presenters at an OSMA-sponsored seminar on compliance, given in Columbus in March. The good news, he told participants, is "you're probably already compliant." In many cases, a compliance plan is simply pulling together policies that are already in place in your practice, and putting them under an umbrella plan.

What types of practices *need* compliance plans? In today's highly-charged fraud and abuse climate, the answer is probably *all* practices, but Frew pointed especially to practices that are:

- Expanding rapidly;
- Experiencing high turnovers;
- Practicing aggressive coding; and
- Are in geographic areas experiencing audits.

According to Frew, if you are audited, and subsequently charged with fraud and abuse, the fact that you *have and use* a compliance plan means that fines are likely to be lower, and the courts will be less likely to impose a compliance plan on you.

What you *don't* want to do with your compliance plan is pull it together and throw it on a bookshelf. "Compliance really is a process," says Frew. "You have to use it, read it, train it, believe it."

Convinced? There are seven steps in designing, implementing and enforcing a compliance plan. The first step is requiring yourself to have written standards. That will be the subject of next month's compliance column. Watch for it. ■

Missed the seminar?

Due to the overwhelming response to the OSMA's initial compliance seminar, the association will offer a second seminar June 15 to physicians, and others who could benefit from a nuts-and-bolts, hands-on approach to developing, implementing and enforcing a compliance plan.

Based on feedback from the first seminar, this seminar will be condensed into two half-day sessions — one in the morning; one in the afternoon — and continuing medical education credit will be available. The seminar will be held at the OSMA headquarters building.

"The OSMA is providing members and their staffs with an opportunity to learn about compliance, and to become comfortable with how to put a plan in place in their offices " says Nancy Gillette, JD, OSMA legal counsel.

Susan Rupli, director of group practice services, adds that the seminar provides participants with a level of reassurance. "When you leave the seminar, you may still be concerned about fraud and abuse charges, but you'll know you're doing the right things to minimize those risks."

For more information about the seminar, contact the OSMA Department of Educational Services, (800) 766-6762, Ext. 6735. ■

Colleagues

MICHAEL BARROW, MD, Dayton, has been invited to spend two weeks at the Olympic Training Center in Colorado Springs, Colorado, for a medical service stint with the United States Olympic Team. U.S. athletes are currently preparing for the 2000 Summer Games in Sydney, Australia, and the 2002 Winter Games in Salt Lake City, Utah.

KENNETH BERTKA, MD, Holland, OH, OAFP Past President, has been appointed to the American Academy of Family Physicians newly-created Ad Hoc Committee on Electronic Medical Records. Dr. Bertka was chosen to serve on the task force because of his interest and experience in information technology. Dr. Bertka currently serves as the OAFP Web site editor.

DONALD K. CAMERON, MD, VICTOR M. CUMMINGS, MD, PANTALEJMON DZIAD, MD, ROBERT G. LUTTON, MD, WARRENA. NORDIN, MD, DANIEL J. RADECKI, MD, Toledo, were given awards from the Ohio State Medical Association in honor of their 50th anniversary of medical service. William C. Sternfeld, MD, OSMA fourth district councilor, presented the awards.

DANIEL ELLIOTT, MD, JUNIUS CROMARTIE, MD, DON E. SANDO, MD, AND ALAN D. SHAFER, MD, Dayton, were recipients of the OSMA fifty year award at the MCMS Annual Meeting.

NANCY GOOREY, DDS, Columbus, OH, has been chosen as a recipient of the YWCA Women of Achievement Awards for the year 2000. The YWCA Woman of Achievement Awards is in its 15th year. Only eight women were selected to receive the award. The awards luncheon was held at the Columbus Convention Center on April 6. Dr. Goorey has been an active member of the Alliance, and is an Alliance past president. She is married to OSMA member Louis J.R. Goorey, MD.

JAMES L. NORTH, MD, Toledo, has been elected to a two-year term as vice president of the Ohio Academy of Family Physicians.

RICHARD T. HOBACK, MD, Dayton, received a special citation from the Ohio Senate in recognition of his outstanding example of volunteerism through Reach Out of Montgomery County. Ohio Senator Charles Horn presented the award.

WILLIAM T. STALTER, MD, Dayton, is the new president for 2000 of the Montgomery County Medical Society (MCMS).

JEFFREY SUSSMAN, MD, Cincinnati, has been named the new medical editor for the AAFP Home Study Self-Assessment Program. ■

Obituaries

JOAN M. BILLINGS, MD, Cleveland, Case Western Reserve University, School of Medicine, Cleveland, 1975; age 62; died Jan. 8, 2000.

GEORGE W. BOLL, MD, Chillicothe, OH, Case Western Reserve University, School of Medicine, Cleveland, 1959; age 68; died Feb. 26, 2000.

CHARLES G. BROWN, MD, Mansfield, OH, Ohio State University, College of Medicine, Columbus, OH, 1938; age 89; died Feb. 16, 2000.

JOHN D. DICKIE, MD, Perrysburg, OH, Northwestern University Medical School, Chicago, 1942; age 84; died Feb. 29, 2000.

WALTER L. GEORGE, SR., MD, Kirtland, OH, Case Western Reserve University, School of Medicine, Cleveland, 1942; age 84; died Feb. 19, 2000.

EDWARD E. GRABLE, MD, FACS, Canton, OH, Case Western Reserve University, School of Medicine, Cleveland, 1950; age 73; died March 2, 2000.

WILLIAM F. JEFFRIES, MD, Toledo, OH, Ohio State University, College of Medicine, Columbus, OH, 1951; age 75; died March 5, 2000.

ARTHUR L. LENNOX, MD, FACS, Naples, FL, University of Michigan Medical School, Ann Arbor, MI 1934; age 90; died March 21, 2000.

HILMER NEUMANN, MD, Cincinnati, University of Cincinnati, College of Medicine, Cincinnati, 1948; age 74; died Feb. 22, 2000.

EDWARD F. OCKULY, MD, FACS, Toledo, OH, St. Louis University, School of Medicine, St. Louis, 1939; age 85; died March 8, 2000.

RICHARD W. REIMAN, MD, Wooster, OH, Ohio State University, College of Medicine, Columbus, OH, 1950; age 76; died Feb. 10, 2000.

ARTHUR G. SARTORIUS, MD, Dayton, OH, Washington University, School of Medicine, St. Louis, MO, 1948; age 78; died March 22, 2000.

JAMES C. SILL, DO, Dayton, OH, University of Osteopathic Medicine & Health Sciences, Des Moines, IA, 1968; age 58; died Feb. 20, 2000.

ARTHUR M. TIBER, MD, Columbus, OH, New York University, School of Medicine, New York, NY, 1929; age 97; died March 10, 2000.

WILLIAM E. TODD, MD, Columbus, OH, University of California, School of Medicine, San Francisco, 1946; age 77; died Feb. 2, 2000. ■

Portrait

In 1996, family practice physician and Ohio State University professor Rob Crone, MD, founded the statewide ollionce, Tobacco To 21. Its goal is to roise the legol purchasing oge of tobacco products to 21.

For Rob Crane, MD, the goal is both professional and personal. His father attempted to quit smoking numerous times, but ultimately, after a five-year battle, succumbed to lung cancer. "He died on my daughter's eighth birthday. For me, that was an epiphany. I decided something had to be done," says Dr. Crane.

Comprised of medical organizations, community leaders and business professionals, Tobacco To 21 enlisted the legislative aid of Sen. Grace Drake (R-Solon). In 1998, she proposed Senate Bill 221, which would have raised the legal age to 21 for tobacco purchases. However, pressure from the tobacco industry prevented the bill from being brought up for a vote. In 1999, it was reintroduced as Senate Bill 121. Yet, with the tobacco settlement at the forefront of political concerns, the bill was once again derailed.

Dr. Crane hopes that increased public awareness as a result of the settlement will work to their advantage. In January 2001, he hopes to have the bill reintroduced as Senate Bill 21. Despite the $246 billion national tobacco settlement, Dr. Crane feels there is still a need to push for further tobacco regulations. "There's always the sense that they gave us something, we can't ask for anything more. Yet, if you look at other states, the more restrictions on tobacco access, the more momentum develops. Once people got a taste of smoke-free restaurants, they welcomed workplace restrictions," says Dr. Crane.


Rob Crane, MD

While efforts to reduce public smoking focuses on adults, he believes that adult behavior influences children's behavior. Kids adopt adult vices to be independent. With more single and working parents, children are frequently unsupervised after school. "To get kids to stop smoking, we need to enlist them as allies also," Dr. Crane says. Realizing they have been manipulated by tobacco industry advertising, turning adolescent angst into productive activity has proven successful.

Tobacco To 21 is now focusing on finding a new backer for their bill, as Sen. Drake is term limited. It's also hopeful it will become instrumental in overseeing how the one billion dollars allocated to tobacco prevention will be spent. ■ — *Pam Willits*

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- Francis Bacon

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Ohio Medicine

June 2000

What you need to know...

Frontier insurance is downgraded... A.M. Best has downgraded its rating of Frontier Insurance Company, a professional liability carrier doing business in Ohio, for the second time in two months. In the April issue of the OSMA's quarterly report, *Rating the Malpractice Carriers*, Frontier's Best rating was B++ (very good). However, the company was downgraded in mid-March (after the OSMA deadline) to B (fair), then in late April to C++ (marginal). The next issue of *Rating the Malpractice Carriers* will be available July 1. For more information, visit the OSMA Web site, ***www.osma.org***.

Prompt pay legislation is introduced... The OSMA spearheaded, and strongly supports House Bill 384 which requires health insurers to reimburse physicians within 30 days for claims that are filed either electronically or on paper. For more information on the bill's provisions, see the article in this issue on **page 3**

State trauma bill passes... Ohio will soon have a statewide network of trauma centers at Ohio hospitals for the state's most critically-injured patients. House Bill 138, the trauma bill, has passed the Senate and is currently in a conference committee. It's expected to be signed into law soon. The OSMA supported the bill. For more details, see next month's issue.

***Ohio Medicine* correction...** George Boll, MD, Chillicothe, was listed in the obituaries column of the May issue by mistake. *Ohio Medicine* regrets the error.

Tips for your practice
How to customize an Internet search....16
These "red flags" could trigger a compliance audit....18
Questions you can legally ask job applicants....20

Wielkiewicz installed as president

Walter Matern, MD, Cincinnati, is elected OSMA president-elect.

Walter J. Wielkiewicz, MD, Zanesville, was installed as OSMA President May 6, at the association's Annual Meeting, held this year in Dayton. In his presidential address, Dr. Wielkiewicz pledged to build the OSMA of tomorrow by looking at the organization from the bottom up to determine member needs, as well as how the OSMA can best provide its services in the 21st century. "Let's not fight tomorrow's battles with yesterday's tools," he said.

Walter Matern, MD, Cincinnati is OSMA president-elect

Dr. Wielkiewicz, a family physician, has been an active participant in organized medicine at all levels, and is the youngest physician to serve as OSMA president.

In other Annual Meeting news, Walter J. Matern, MD, a Cincinnati surgeon, was elected to serve as OSMA president-elect, defeating Daniel van Heeckeren, MD, Cleveland, who also ran for the office. On accepting the position, Dr. Matern pledged his "utmost to do what's best for organized medicine."

OSMA Past President Lonce Talmage, MD, Toledo (left), administers the oath of office to OSMA President Walter J. Wielkiewicz, MD, Zanesville

Delegates to the meeting discussed resolutions concerning such topics as a standardized pre-certification fax form, release of patient information to pharmacists, and mandatory pill splitting. The action taken on all of this year's resolutions can be found on the OSMA Web site, *www.osma.org*. If you prefer, you may order a chart of actions taken on resolutions by contacting the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and asking for Item #19-00. ■

See pages 8–9 for photos taken at this year's Annual Meeting.

Give us a second look @ *www.osma.org*

The OSMA Web site has undergone a facelift. It you haven't visited *www.osma.org* in awhile, you'll be surprised by what's available to you on the new home page.

The OSMA Web site has become easier to navigate. Now you can find just what you're looking for on our new expanded home page.

Responding to comments from members, we've redesigned the OSMA home page to make it more interactive for you. Along with the latest healthcare news and weekly updates, we've added links from the home page to the OSMA Practice Services Directory, OSMA Store, CME activities, Calendar of Events, *Ohio Medicine*, contact information on your state representa-

Continued on page 21

Bills, Laws & Rules

Prompt pay bill introduced

OSMA's top priority this year is to solve the problem of payers who are slow to reimburse physician services.

Much anticipated legislation designed to strengthen Ohio's prompt pay statute was introduced in the Ohio House of Representatives by Rep. Kevin Coughlin (R-Cuyahoga Falls) on May 2. This legislation was introduced in response to problems physicians and other health-care providers are experiencing with insurance companies when dealing with reimbursement and claims processing.

The bill has been referred to committee, where it will undergo hearings before the summer legislative recess. To support the bill, the OSMA intends to present the results of the prompt pay survey released earlier this year. This survey, which is one of the most comprehensive of its kind in the nation, illustrates the problems physicians are experiencing in the health-care marketplace with third-party commercial payers.

The OSMA report from February 2000 reveals that insurance companies in Ohio failed to pay physicians promptly, defined as the state law standard of 24 days, in almost half of the claims examined. "We tracked more than 6,000 claims filed in the last week of July 1999. Through two months of processing, 16 group practices representing over 100 physicians participated," says Nick Lashutka, deputy director of the OSMA department of legislation. Probably the most comprehensive study of its kind ever done, the OSMA ombudsman department followed the "clean" (meaning that they did not require additional information) claims of 180 insurance companies that served a variety of medical practices and geographic areas of the state. Survey results were shared with insurance companies, employers, legislators and state regulators to initiate discussion on the issue of prompt payment of claims, says Lashutka.

Response	PAID				No Response Yet				Combined (Denied, Partially Paid, Other)			
Method	Paper		Electronic		Paper		Electronic		Paper		Electronic	
Value	$100 or less	More than $100	$100 or less	More than $100	$100 or less	More than $100	$100 or less	More than $100	$100 or less	More than $100	$100 or less	More than $100
24 Days	84%	27%	67%	61%	61%	70%	30%	34%	5%	3%	3%	5%
30 Days	53%	48%	76%	69%	39%	46%	20%	25%	8%	6%	4%	6%
45 Days	68%	64%	83%	77%	20%	27%	12%	16%	12%	9%	5%	7%
60 Days	76%	75%	87%	85%	11%	15%	8%	9%	13%	10%	5%	6%

The bill will augment ongoing efforts the OSMA is engaged in with the Ohio Department of Insurance on this important issue. In March of this year, ODI Superintendent Lee Covington addressed the OSMA Council and outlined his commitment to working with organized medicine on developing solutions to the problem of timely reimbursement by commercial payers. Currently, the ODI is engaged in a statewide market conduct study of health insurers operating in Ohio. Preliminary results of this effort, which is the first time the department has conducted such an expansive examination in the health marketplace, should be available early this summer. "We are encouraged by the superintendent's recognition that there is a problem in Ohio with regard to how insurers reimburse physicians and other health-care providers," says Todd Baker, director of Medical Economics and Advocacy for the OSMA.

"Government payer programs, such as Medicare, Medicaid, and the Health Partnership Program of BWC all have prompt pay requirements today. In fact, the state of Ohio, when contracting with vendors, has a 30-day billing cycle with interest penalties for late payment," says Lashutka. ■

Take action

Share your slow pay information with Todd Baker, director of Medical Economics and Advocacy, (800) 766-6762, Ext. 6734. For further information on the legislation or for the name of your district state representative or senator, contact Nick Lashutka, deputy director of legislation, (800) 766-6762, Ext. 6747. You are also able to locate your representatives through the OSMA Web site, *www.osma.org*.

Prompt pay provisions

The following are the main provisions of the prompt pay legislation:

1. Require all commercial insurers (Medicaid and Medicare currently have prompt pay provisions) to reimburse physicians within 30 days for claims that are filed either electronically or on paper;
2. Prevent insurers from contracting for time frames longer than Ohio law. Current contracts between physicians and insurers often allow for reimbursement at 30 days, 45 days or even longer;
3. Prevent insurers from "looking back" longer than one year at possible overpayments. Today, many insurers are informing physicians that they overpaid them years ago, and are requiring them to reimburse the insurer;
4. Require automatic interest payments to physicians for late payment of claims, and allow ODI to impose stiff fines on insurers who habitually fail to comply with the law.

HMO solvency

The ODI's new math

The insurance department's new calculations mean HMOs will need larger reserves

The Ohio Department of Insurance (ODI) is taking new steps to assure the financial solvency of the state's HMOs. It is in the process of implementing a model law, developed by the National Association of Insurance Commissioners, that would re-calculate the surplus an HMO would need to be licensed in Ohio.

Under the model, the ODI would examine a company's business and the risks associated with that business and calculate the amount of reserves that the HMO should hold to stay within financial solvency guidelines.

The ODI affirms its new policy could raise the investment capital that HMOs need for licensure. The Ohio Association of Health Plans is working with the ODI, but has expressed concern that small and medium-sized plans would probably have to meet new reserve requirements through a parent company arrangement, increased premiums, or through a merger. ■

Bills, Laws & Rules

Informed consent: how much should you tell patients?

In Ohio, informed consent must meet three tests. But there's always a balance between telling the patient too much...and not enough.

The real issue in informed consent is what has gone on between the doctor and the patient and is the patient comfortable with as much as that patient should be aware of for the procedure.

What does a physician need to tell a patient to get informed consent? That depends on the patient, says Richard Reiling, MD, a Dayton surgeon. Another surgeon as a patient would need very little information about a hernia operation, for example. "But if a person didn't know anything about surgery, or had never been in an operating room and was scared, then informed consent would involve basically explaining the operation: what they would expect in terms of outcome and results; what they would expect in terms of problems; what they would expect in terms of pain and discomfort; bleeding, and so on, from the procedure."

In Ohio, informed consent must meet three tests:

- It must explain the procedure — what it is, what it's intended to accomplish, the risks and who will do it — in terminology the patient can understand.
- It must include acknowledgment by the person receiving the information that any questions about the procedure have been answered to his or her satisfaction.
- It must be signed by the patient, or the patient's legal representative.

The Ohio Chapter of the American College of Surgeons struggled for years with the issue of informed consent, Dr. Reiling says. The trend used to be to tell patients every little detail about a procedure — "You might as well give them a textbook on surgery." It doesn't make sense to give a patient an *exhaustive and all inclusive* laundry list of complications, Dr. Reiling says. Suppose you list the 30 most common problems. "If the 31st occurred, and it's not on there, it's almost prima facie evidence that you didn't have good informed consent. Far better is a letter signed by the patient: 'This procedure, its risks, its outcomes, its alternatives have been discussed with me by the physician, and I agree and I accept the procedure.'"

Consent can be a problem during an emergency situation if a patient who otherwise would be competent is, at least temporarily, now incompetent. In Ohio, a physician may assume that patient would want the care needed to save his or her life.

Hospitals are good at tracking down family members, Dr. Reiling says, and emergency presumption of consent is surprisingly rare. "Every once in a while, you take a patient and you just do whatever you have to do and pray that you're making a good decision. I don't know of any successful cases in Ohio of malpractice that occurred because a doctor took a patient in emergency circumstance to the operating room *to correct a life threatening situation.*"

Legal problems are more likely because of unexpected results or because it's blatantly obvious that the doctor didn't give the patient the necessary information.

"The issue of informed consent is not the signing of a piece of paper," Dr. Reiling says. "The real issue is what in the discussion has gone on between the doctor and the patient, and his or her surrogate if necessary, and is the patient comfortable with as much as that patient should be aware of for the procedure." ■ — *Jan Leibovitz Alloy*

If the patient *won't* listen

The information a doctor believes is necessary to obtain informed consent may be more than a patient wants to hear. To a certain extent, you have to respect that, says Dayton surgeon Richard Reiling, MD. "You can scare a patient. There have been patients that have refused a necessary procedure because the physician scared them, and I think there have been lawsuits about that, that the pain and suffering of being excessively informed has been almost as much a problem as not being informed at all."

Some procedures, such as amputations, require an explanation, whether or not the patient wants to hear it. "You have to explain, in some detail, minimal as it may be, what you're going to do," Dr. Reiling says. "I don't think you can accept, 'I don't want to hear anything. Just go do it.'"

If you can't get the patient to listen, find an appropriate surrogate, to discuss the procedure and ask about the patient's competency to give an informed consent. ■ — *Jan Leibovitz Alloy*

Take Action

If you have questions about the material raised in this article, contact Richard B. Reiling, MD, FACS, (937) 296-7286, or your attorney. On the Web, turn to OSMA's Legal Fact Sheet on informed consent *www.osma.org* or the AMA's Legal Issues for Physicians, *www.ama-assn.org/physlegl/legal/infecons. htm* If you prefer, you may order a copy of the OSMA Legal Fact Sheet on informed consent by calling the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580. Ask for Item #14-00.

In case of emergency

Ohio law allows the presumption of consent in an emergency situation. A physician may assume, unless there's evidence to the contrary, that a patient would want medical treatment necessary either to save his or her life or to prevent other serious consequences if no treatment was given.

Before treating a patient, you should ascertain that:

- Immediate action is required to save the life or health of the patient;
- There were reasonable attempts made to contact the patient's next of kin;
- The care provided conforms to recognized professional standards and is only what is necessary to resolve the emergency situation.

Bills, Laws & Rules

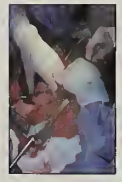
New health-care bills

Medicaid expansion...TB control... odult immunizotians...just o sample of new bills introduced at the Statehause.

TB control hill... Sen. Grace Drake (R-Solon) has introduced **Senate Bill 173** to update the state's tuberculosis laws. The bill includes a provision requiring counties to set up a TB control unit.

Adult immunizations... Employees, residents and participants of adult-care facilities, adult day-care programs and similar facilities and programs would need to be immunized against influenza and pneumonia if **House Bill 619** passes.

Medicaid expansion... If it becomes law, **House Bill 618** would require the director of Human Services to apply for a federal waiver to expand Medicaid to individuals between 19 and 64 years, with family incomes not exceeding 200% of the federal poverty guidelines.



Organ donor registry... Rep. Greg Jolivette (R-Hamilton) has introduced **House Bill 658,** which would create within the Department of Health an Organ and Tissue Donation Registry that would serve as a statewide database of registered organ and tissue donors. In addition, the bill would give precedence to the prior consent given by donors to harvest their organs, over the contrary wishes of family members.

Tobacco funds could save hospitals... House Concurrent Resolution 63 urges that funds from the state's tobacco settlement agreement be used to prevent the closing of three hospitals in the Cleveland area.

Stroke prevention and education... Because so many new treatments are available to reduce and prevent neurological damage while a stroke is occurring, Rep. Patricia Clancy (R-Cincinnati) has introduced **House Bill 642** which creates a council on stroke prevention and education. The bill would allow each part of the state to develop methods that best suit its needs.

Telemedicine hill... According to **House Bill 585,** no matter how a licensed but out-of-state physician provides medical services in Ohio — either in person or through the use of any communication, including oral, written or electronic communication, he or she would have to comply with all Ohio laws governing the practice of medicine. The physician would also have to submit to the jurisdiction of the State Medical Board and the courts of this state. The bill was introduced by OSMA Alliance member Rep. Rose Vesper (R-New Richmond).

Drug repository... Under **House Bill 662,** a drug repository program would be established under the direction of the Director of Health for the collection and redistribution of prescription drugs that are in their original, unopened packaging.

Limiting the lookback...House Bill 667, introduced by Rep. Rex Damschroder (R-Fremont), requires HMOs and other insurers to provide physicians with written notice of an overpayment within one year or they would lose the right to make an adjustment or correction to the physician's account, or to otherwise seek reimbursement for the overpayment. Similar language is included in the prompt pay legislation supported by the OSMA. ■

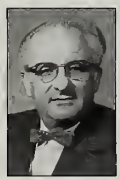
Legislative update

June is men's health month... Enough concern was expressed by legislators over the need to heighten the public's awareness about health-care issues affecting men, that **House Concurrent Resolution 57** was passed, designating June as "Men's Health Month." Legislators hope that the designation will help stress the importance of early detection of diabetes, prostate and testicular cancers, HIV/AIDS, and other diseases affecting men, and urge them to participate in preventive health-care practices, such as regular health screening and checkups.

No freestanding cath lahs... An *Ohio Medicine* story that ran in the April issue incorrectly reported that a moratorium on freestanding catheterization labs had been lifted by the Ohio Department of Health. That is not the case. However, the ODH now allows heart catheterization procedures to take place in hospitals and other facilities without surgical backups. *Ohio Medicine* regrets the error.

Trauma bill on the move... Last year's trauma care bill is about to become law (see "What you need to know," page 1 and check out the OSMA Web site for more details.) The amended bill has modified the mechanism for designating Level 2 pediatric trauma centers, and terminates that mechanism on Dec. 31, 2004. Also, the bill gives the director of health 120 days to appoint a commission to determine how to improve trauma care and specifies the definitions of "stabilize" and "transfer" as they relate to the bill.

Nino Camerdese testifies on private contracting bill... Long-time OSMA member Nino Camerdese, MD, testified before the House Health, Retirement and Aging Committee in April, in support of **House Concurrent Resolution 58.** This resolution urges the U.S. Congress to repeal existing laws and oppose the adoption of future laws that interfere with the right of Medicare beneficiaries to privately contract with their physicians. The 1997 Balanced Budget Act requires physicians who agree to treat patients on a private basis from treating other Medicare patients for two years. **HCR 58** was voted out of the House committee.



Nino Comerdese, MD

Medieaid managed care expansion opposed... Legislators and hospitals in southwest and central Ohio are opposing a state proposal to expand Medicaid managed care to 10 rural counties in their district. So far, only one managed-care plan, Dayton Area Health Plan, has indicated interest in moving into the expansion area. Opponents say that leaves consumers and providers with no real choice in contracting or care decisions. The Ohio Department of Human Services says that the implementation of only one plan would merit an even greater level of review than if one or two other plans were to enter the marketplace.

Bistline heads chiropractic association... Former OSMA Political Affairs Coordinator Krista Bistline is the new executive director of the Ohio State Chiropractic Association. ■

The BWC's report card

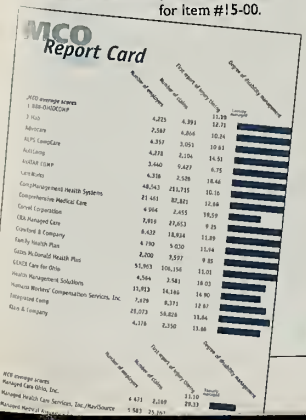
For which MCOs should you provide care? The Bureau of Workers' Compensation's new MCO report card may help you decide.

A new managed-care organization (MCO) report card, developed by the state's Bureau of Workers' Compensation and released by Gov. Bob Taft, will help employers evaluate how managed-care organizations are serving their employees — and may help you decide which plans you want to be a part of.

The report card, part of the *MCO Selection Guide* that was sent to all employers in May, evaluates the 38 MCOs that participate in the Health Partnership Program, the BWC's managed-care project. The card reports the number of employers participating in the MCO, the number of claims, and tracks the first report of injury timing, degree of disability management, and employer and injured worker satisfaction. ■

Take action

If you would like a copy of the BWC's MCO report card, contact the *Ohio Medicine* reader response line and ask for item #15-00.



OSMA News

OSMA Annual Meeting 2000

Walter Wielkiewicz, MD, (right) OSMA president, presents the past president's gavel and shadaw box to David J. Utlak, MD, Canton, OSMA immediate past president.

Past President Lance Talmage, MD (at podium) administers the oath of office to Walter J. Wielkiewicz, MD (far right), OSMA's incoming president. To the left of the podium is Dr. Wielkiewicz's family: his brother Mark, daughters Mandy and Kristen, and wife Kimberly.

Past President John Kroner, MD, Athens, studies the resolutions before the House for consideration.

Immediate Past President David J. Utlak, MD, (left) presents a plaque to OSMA Executive Director Brent Mulgrew, in recognition of Mulgrew's 25 years of service to the association.

Past President Su-Pa Kang, MD, Toledo, (right) congratulates Dr. Wielkiewicz on his new role as OSMA president.

OSMA Past Presidents (left to right) Joseph Sudimack, MD, Columbus, A. Burton Payne, MD, Ironton, and S. Baird Pfahl, MD, Sandusky share a laugh before the Opening Session of the House.

Walter A. Reiling, MD, Doyton, (left) tokes time for o brief word with Chorles Peter, MD, Akron, before the Opening Session of the House is convened.

Hermon I. Abromowitz, MD, Doyton presented on updote on AMA activities to the House during its Opening Session. Dr. Abromowitz is o member of the AMA Boord of Trustees.

OMPAC Choir Doniel Handei, MD, Loke Milton, persuodes members of the House of Delegotes that they must become actively involved, engoged ond committed in politics if medicine's voice is to be heord.

Members of the Seventh District confer before the Final Session of the OSMA Annual Meeting 2000.

President-Elect Walter Matern, MD, Cincinnoti, (right) stops to talk with fellow First District Delegate Ron A. Zile, MD, Hillsboro.

OSMA News

OSMA happenings

The OSMA hosts a number of meetings, seminars and workshops each month. For a complete list of OSMA-sponsored educational activities, check out the OSMA Web site, *www.osma.org*.

Task force to correct medical errors... Members of a joint task force developed by OSMA and OHA: The Association for Hospitals and Health Systems met early this spring and will continue to meet and work toward reducing medical errors throughout Ohio's health-care systems. A report is expected from the committee by the middle of summer.

Medical group managers meet... Keeping up with the needs and concerns of medical group managers has become a new focus for the OSMA. By listening to and addressing their problems, the association finds it can better help more of its members. ■

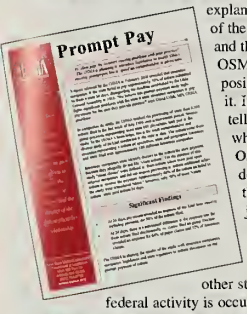
OSMA position papers available

If you don't know what the issues are or what the OSMA is doing about them, here's help.

What do you know about: Physician profiling? Point of service? Prompt pay? Prohibiting all-products clauses in contracts?

These are issues that directly affect you and the way you practice medicine (or the way you'll have to practice medicine in the future), so it's a good idea to familiarize yourself with each of these topics if you aren't already.

The OSMA has made it easy for you to learn more about these issues through its series of legislative policy briefs — available free to OSMA members. Each brief includes a short explanation of the issue and the OSMA's position on it. It also tells you what the OSMA is doing on this subject in your behalf. If other state or federal activity is occurring in an area, it's included, and each brief also suggests ways for you to become involved in the issue.



To order a copy or copies of the position paper(s), contact the *Ohio Medicine* reader response line (800) 766-6762, Ext. 6580, and ask for Item #16-00. Be sure to request which policy paper(s) you want. ■

OSMA News

Federation of Medicine

From the county files

A prescription for care

The Columbus Medical Association Foundation will reduce at least one barrier for Central Ohio uninsureds.

Free pharmaceuticals for the uninsured? That's just one of the goals the Columbus Medical Association Foundation hopes to accomplish with "A Prescription for Care: The Pharmacy Project" — a $5 million, five-year commitment to improving health care for central Ohio's uninsureds.

The CMA Foundation will work with local agencies to not only establish a distribution system for free medications, but also to create and maintain a data base to track the distribution and use of medications and to provide health education for patients and providers.

"The ideal collaborative would be a broad-base group of providers at all levels of the system, from primary care to hospital and specialty care. It would be comprised of organizations with the ability to distribute medications on a wide basis, as well as a willingness to work together in developing and maintaining a community data base," says Philip Cass, CMA executive director.

Four local agencies have already offered letters of intent to join the project, and the CMA has invited the Columbus Neighborhood Health Centers, Inc., and Mount Carmel Foundation to submit full proposals. The grant will be awarded this month, and the collaborative will have three to six months to plan before implementing its ideas.

The CMA Foundation will work to distribute free medications.

With 129,000 uninsured in Franklin County, eligibility under the project will be limited to those at or below 200% of the federal poverty level, and who are not eligible for other medical coverage programs, like Healthy Start Plus or Medicaid. "We want to make sure that this group of people is the primary target," says Cass. As people begin to seek medicine through the Pharmacy Project, the CMA hopes to help those who are eligible for Healthy Start Plus or Medicaid to enroll in those programs.

"Our hope is that the Pharmacy Project will be one of several pillars in our whole initiative to reduce barriers and increase health care for the uninsured," says Cass. Moving people out of crisis and into health prevention will necessitate addressing the medical home problem, and working toward coordinated health care. Toward that end, the CMA Foundation hopes to develop a larger community strategy on health care for the uninsured, with the Pharmacy Project a part of this larger plan. ■ — *Pamela J. Willis*

AMA Report

Herman I. Abromowitz, MD, OSMA past president and a current member of the AMA Board of Trustees, is attending the AMA Annual Meeting in Chicago this month. His column will return next issue with news of the meeting, Ohio resolutions sent to the meeting, and other AMA updates. Watch for it!

President's Perspectives

An OSMA for 2010

Editor's note: The following has been condensed from Dr. Wielkiewicz's presidential address.

Walter J. Wielkiewicz, MD

Let's not fight tomorrow's battles with yesterday's tools...

When you think about it, the way we run the Ohio State Medical Association hasn't changed a great deal over the last 15 to 20 years. I suggest, however, that just as we have changed the way we treat myocardial infarctions and many other medical conditions over the years, we must change the way that this organization functions.

Today, we live in a faster-paced society. We have e-mail, faxes, the Internet and many other services that impact us, not only on a day-to-day basis, but on a minute-to-minute basis. Our organization needs to be able to be nimble enough to allow us to interact and react in this environment.

I propose we look at this organization from the bottom up and determine what our members want and how we can best provide those services in the 21st century. We need an organization that is flexible and nimble; one that makes decisions using knowledge-based data; an organization that can provide appropriate member services to a wide array of member types. We must keep in mind that our financial resources are not infinite. For many years, we've been an organization that has been both a physician/patient advocate *and* a provider of many services to our members.

I don't think the OSMA will be able to continue to practice both functions at current levels. The time has come when we may need to focus on either being a leader in advocacy or a leader at providing a wide array of services to our members. Whichever is not the primary focus of our organization can still be provided, but not at the same level we currently do.

In today's environment, we must also be willing to reach out to other organizations when our agendas are similar in order to be more successful. In the future, forming these alliances will be critical to achieving our goals. We no longer function in a vacuum, and therefore we need to be willing to reach out to other organizations when our purposes are aligned.

I also think it's critical that we try to improve unity within the House of Medicine. I'm not naive enough to think all members of organized medicine will always agree on all issues. We need to learn to agree to disagree on certain issues, but also to close ranks and remain unified on those many issues we can and do agree on.

What will the OSMA look like in 2005 or 2010? I don't know, but I have faith in all of us. Together, we can build the OSMA of tomorrow. *We* are the OSMA...each one of us. I pledge to you my utmost effort to assure that this organization remains influential and viable in the future — on behalf of our patients and the profession of medicine. ■ — *Walter J. Wielkiewicz, MD*

Practice Tips

Fraud and abuse coverage — do you need it, can

Some of the top malpractice carriers are offering — or thinking of offering — coverage to protect you against fraud and abuse charges.

If your medical practice were visited by federal auditors tomorrow, would your office manager know how to respond appropriately? Would an experienced law firm have been pre-appointed, and would they send someone over immediately to represent your interests? Would legal fees and even a possible court settlement be covered by your existing medical malpractice insurance policy? And how much coverage would be enough?

OSMA informally surveyed several insurance companies and underwriters to sample the range of fraud and abuse coverage available to Ohio physicians under such circumstances.

"With numerous changes in billing and coding practices in recent years, it's almost impossible *not* to make a billing mistake," says Steve Trosty, director, risk management, **Kentucky Medical Insurance Company**, MICOA Mutual Insurance Corporation of America.

MICOA is assessing, with its business partners, the development of a medical fraud and abuse product.

"In many cases, $25,000 doesn't go far toward defense," says Trosty. "And it doesn't cover indemnity. Much better protection would carry a limit of $1 million per occurrence and $5 million aggregate for each physician, with all group members participating for defense (legal fees) and indemnification (penalties/assessments) coverage. Three-year retroactive coverage should be an option, based on quality of prior billing and coding," Trosty continues.

"A physician's first line of defense should be prudent risk management, rather than relying on insurance coverage after the fact," says Arlo D. Yale, vice president, professional liability, **Frontier Insurance Company**. "Some companies may offer some additional coverage at no cost, to gain market edge, but the insurance market appears to be hardening, so we will see fewer companies offering something for nothing." Frontier is not currently offering additional medical coverage to cover fraud and abuse, but is considering the move.

Frank O'Neil, senior vice president, **Medical Assurance, Inc.**, says his company has found "overwhelming" interest in these coverages in every state it does business. The timing for these medical practice coverages is prime right now, when allegations of medical malpractice billing errors are more likely to result in prosecution and enforcement.

Brad Ash, assistant vice president for underwriting, Medical Assurance Inc., explains that all new and renewal professional liability policies effective this past Feb. 1 or later will include, with limits, additional coverage for government agency and state board of medicine investigations defense costs, nonparty depositions, investigations or proceedings related to Medicare or Medicaid billing errors or omissions, and sexual misconduct and harassment charges brought by a patient, among other coverages. Legal defense is included; indemnification is not. The maximum cost is $500 per physician, and could be less, depending on group size.

Boynton & Boynton, an underwriting representative, offers professional liability coverage for billing errors and omissions through independent insurance agents and traditional medical malpractice carriers. The majority of their products are backed by Lloyd's of London.

Similar to employment practices coverage, fraud and abuse coverage has been primarily designed for large health-care entities, says President Jay Lynch. "As the market and product have matured, deductibles and prices have come down, allowing

OSMA persuades UHC to change its policy

Member frustration led the OSMA to urge United Healthcare to reverse its policy on consultation codes.

Thanks to OSMA's efforts, United Healthcare (UHC) has agreed to reverse its policy on the processing of consultation codes. Now, UHC will accept the codes as originally submitted by the physician. Prior to this, UHC had been denying all consultation codes and changing them to office visit codes.

The OSMA worked with medical directors from UHC on its consultation code policy, after receiving numerous complaints from members about the policy. OSMA staff reported the growing level of physician frustration to UCH, and strongly urged that the policy be modified immediately. UHC reconsidered its position, and decided to change its policy and accept consultation codes upon original submission.

Still, UHC medical directors continue to have concerns about physicians' use of the consultation codes, and said they would address the situation in two ways. First, a review of an individual physician's use of the consultation codes will be included as a part of UHC's care advocacy program. The types of use and level of usage will be monitored and discussed with the individual physician when formal reviews are conducted. In addition, because of the varying perspectives about what should be considered as a consultation, the OSMA will facilitate a meeting between UHC's medical directors and a group of OSMA members representing different specialties to review the issue. All current and relevant information, including the latest information from HCFA, will be discussed. ■

Take action

If you have questions, please contact the OSMA Ombudsman Department, (800) 766-6762, e-mail: *ombud@osma.org*. For a copy of the OSMA's Member Alert on this subject, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #17-00.

you get it?

access for all health-care providers," he says.

"The B&B product, which has been offered to physicians for less than one year, covers civil defense (attorneys and patient record audit services) and fines/penalties indemnification up to $1 million for individual physicians, and up to $5 million for groups. Restitution is not covered. Retrospective coverage is available up to three years prior, deductibles starts at $1,000 and cost is about $1,400 for each physician. Whenever a large settlement is publicized, B&B sees a spike interest. Even with so much national publicity and concern on the part of the physicians," he continues, "at this point, the market for this product is primarily driven by broker knowledge. Competition is healthy and lends legitimacy to any relatively new insurance product."

Edward B. Robin, president of **NAS Insurance Services, Inc.**, says that "physicians' primary exposure would be any over-billings that must be paid back." This isn't a loss, and isn't currently being insured. For the vast majority of fraud and abuse claims, $25,000 in defense coverage is enough, and a valuable benefit to the insured physician.

"In theory, this area of vulnerability and liability has always been there," says Richard E. Anderson, MD, chair of **The Doctors' Company** board of governors. "However, now, for statutory, political or other reasons, even state medical boards are responding with ever-higher quotas of criminal and civil prosecutions. The aggressive targeting of physicians has resulted in the inclusion of some doctors who clearly do not deserve prosecution. Within this environment, the added security of defense coverage is an important adjunct to traditional professional liability coverage. Since 1999, The Doctors' Company has included $25,000 non-medmal professional-accusation defense coverage in all new and renewed medical malpractice policies." ■ *— Carol Larimer*

Practice Tips

Your Practice Guide

Internet how-to

Search and find

With so much information available on the Web, learning how to customize a search is crucial.

Internet resources are exploding — in breadth, depth, and increasing ease of use. Customizing an Internet data search can provide you with excellent, timely information.

Suppose you need information on hypotension. Basically customizing a search works like this:

Enter a search engine like Google *(www.google.com)* place the word hypotension, in the search box. The result is 25,100 hits. The first 10 choices appear on the screen in about one second (using a 56K modem). Most search engines try to sort their finds by relevance, giving you the best choices first.

The first item on this search hit is an article from *American Family Physician*, Oct. 1, 1997. It contains an abstract, full text, several tables and graphs as well as a list of references.

To narrow, or focus and thus customize the search further requires one of several similar strategies. Rule of thumb: The more words you place in the search box, the more specific and narrow (or limited) your resulting hits. Most search engines assume that a requested search of several key words, each separated by a single space, means you must have all those terms, if possible, in the best hits it goes out to find. In Google, by searching for "hypotension orbostatic heart," you get 2,180 hits. Some search engines allow you to exclude words or phrases so they cannot appear in retrieved hits (obviously an alternative search strategy). This works by leaving one space between each key word and placing a minus sign (-) in front of those words that must now appear in retrieved hits. For example, by typing hypotension, then : -orthostatic, we narrow the results to 20,793. If we customize further by also adding: -heart, we retrieve 12,291 hits. Accurate spelling is vital; proper capitalization often doesn't matter.

One highly-used site among medical researchers, PubMed *(www.ncbi.nlm.nih.gov/PubMed)* from the National Library of Medicine, includes more than 10 million documents, many only listed by bibliographic information or abstract, from various online journals, databases, and other sources. A search for hypotension yielded 29,471 hits. Hypotension orthostatic heart pared the list to 971. No plus or minus signs needed here. One advantage of PubMed searches is that, when you find hits that are essentially what you are seeking, you can click on "Related Articles" and quickly retrieve an even more specific lists of hits.

Once you start looking at retrieved items on most search sites, a FIND function is engaged by hitting Control F, putting your key word in the window, and quickly landing on that word in the text. ■ *—Yvonne H. Burry*

Hands-on Internet training

Learn more about customizing searches at the OSMA workshop "Physicians and the Internet: Hands-on Training."

This full-day, interactive workshop will be held on Friday, July 14, and again on Saturday, July 15, from 8:30 a.m. until 4 p.m. at eKnowledge, 5115 Parkcenter Blvd. in Dublin, Ohio.

This workshop was designed by physicians, for physicians, and a physician will serve as presenter. It is open to all physicians with intermediate or advanced Internet skills. You are welcome to bring your office manager, a partner or spouse.

You will learn how to:

- Use the Internet, World Wide Web and search engines;
- Identify biomedical information resources available on the Internet;
- Search the Internet for medical and nonmedical information;
- Download, install, print and save Internet information resources;
- Discuss how computing resources can be used to build a cost-effective medical practice.

The OSMA designates this educational activity for a maximum of 7 hours of category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit spent in educational activity.

For more information or to register, contact the OSMA Department of Educational Services, (800) 766-6762 Ext. 6735 or register online by going to the OSMA Web site, *www.osma.org.* ■

Practice Tips
Your Practice Guide

Compliance savvy

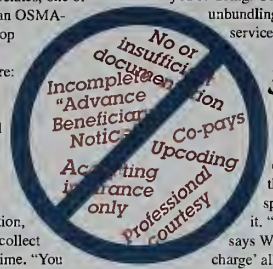
Avoid these red flags

Six areas could raise red flags, making your practice ripe for an investigation or audit.

When it comes to compliance in your office, there are six areas that could raise red flags, says Keith Wilson, a health-care consultant for Adams & Associates, one of two presenters at an OSMA-sponsored workshop on compliance.

The six areas are:

1. *Co-pays* You do need to collect them, and they can add up, creating real billing problems for staff. The solution, says Wilson, is to collect co-pays ahead of time. "You should have a sign in your office that tells your patients you collect co-pays at check in — then enforce it."



2. *Upcoding* You *could* generate more revenue for the practice through aggressive coding techniques, but be aware this practice is a risk factor that catches the attention of the Office of the Inspector General. If you're aggressively upcoding, know what you're doing. Other risk factors: unbundling and coding for services never rendered.

3. *Professional courtesy* Don't do it, says Wilson. Don't offer it, don't mention it, don't create a policy that includes it or special codes to cover it. "It's against the law," says Wilson. "You can 'no charge' all you want." With one caveat. Don't no-charge patients who steer other patients to you. It just looks bad.

How-to-develop a compliance plan

Step 1: Have *written* standards

The first step in developing a compliance plan is to require yourself to have written standards in place which are not only available to yourself but to your staff as well.

Chances are, many of these standards are already in place in your practice. For example, written policies regarding confidentiality, sexual harassment, standards of conduct for billing, and similar forms may be located in your practice, but in various locations. It's a good idea to pull them together and center them in one place.

Your staff should be familiar with all of your standards, or at least know where they can find them. When new staff members enter your practice, require them to read the compliance material so they are familiar with the policies that govern your office.

(See future issues for other steps in developing a compliance plan.)

4. *Accepting insurance only*
This practice is as bad as professional courtesy, says Wilson. Don't do it.

5. *Incomplete "Advance Beneficiary Notice"*
Complete the form, the whole form, and mail it in.

6. *No or insufficient documentation*
Remember, if you didn't document it, it never happened.

"The safest thing to do is to treat all your patients the same," says Wilson. That means accept all patients, collect their co-pays, file the insurance, code properly, document, complete all paperwork, and don't extend special privileges like "professional courtesy" to patients. ■

Diabetes article available

The third article of the six-part series on diabetes mellitus, prepared by the Physician Committee of the Ohio Diabetes Task Force, is available for those physicians interested in learning more about diabetes management.

The first two articles discussed diagnosis and documentation of diabetes. This third article discusses constraints and problems which accompany the management of patients with diabetes mellitus.

If you would like a copy of the third article in the *Diabetes Mellitus 2000* series, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #18-00. ■

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Practice Tips

Your Practice Guide

Interview invasions

Be careful what you ask job applicants

During a job interview years ago, Karin Deffler, president of Med-Ex Services, a Cleveland-based medical employment service, was asked by her prospective employer if she had any children. "Back then, people asked you those questions," she comments.

They don't ask them now. At least they don't if they're conducting a lawful job interview. Any information that might elicit information on the applicant's personal life is off-limits. That means it's illegal to ask a job applicant if he or she is married, has children, uses day care, owns a car, or anything else that is not specifically job related. You may, for example, ask if an applicant has a high school diploma — but not the graduation year, which might indicate age. You may ask if he or she speaks another language — but not how that knowledge was acquired. Where the applicant was born and grew up is not legally permissible territory.

"You have to be careful on the questions you ask and the information you get," Deffler says. Your questioning must center around the applicant's ability to do the work when and where the work needs to be done. It's reasonable to expect employees not to let child-care and transportation problems interfere with their work, but how they handle those problems is up to them. "You can say, here's the job, these are the hours, can you get to work at this time," Deffler says. "The way you ask is: 'Do you have reliable transportation?' Period."

To say that age, gender and race are out should be obvious. But it isn't, Deffler says. Physicians tell her they don't want someone who looks old, or they do want someone older — an older person, they say, will be more reliable. A client whose practice is primarily minorities asks for a black technician. A doctor in an "exclusive suburb" asks for a white tech. Or a male tech. Or a female tech. All of those requests are illegal. "What shocks me after all this time," says Deffler, "is that it's 2000 and this stuff goes on."

One client liked a particular applicant Deffler had sent but couldn't remember her name so she asked for the "fat white girl." "My mouth is still on the floor," says Deffler. "I interview hundreds and hundreds of people every single year. I don't remember what anybody looks like, and I choose not to. Basically, if you can do your job, I don't care how old you are — if you're black, white, purple, green with horns, if you're 75 years old or 20. It shouldn't matter as long as you can do the job." ■ — *Jan Leibovitz Alloy*

You have to be careful with the questions you ask a job applicant... and the information you get if you want to conduct a legal job interview.

Deadline nears for Workers' Comp program

Possibility for savings can be great under the group rating program offered through OSMA.

Physicians interested in participating in the 2001 Workers' Compensation Group Rating Program have until **July 15** to apply to take part in the feasibility study to determine your projected premiums for the upcoming program year. More than 3,000 OSMA members participating in the current program will reduce their premium payments by as much as 79% base rate.

Signing up for the feasibility study does not obligate you to participate in the program. It only allows the Ohio Bureau of Workers' Compensation to release pertinent information to Gates McDonald, the OSMA's program administrator.

To learn more about the plan, check the box on the response card in this issue of *Ohio Medicine*, and an application will be sent to you. ■

OSMA Web site

Continued from page 1

tive, and other services and benefits provided by the association.

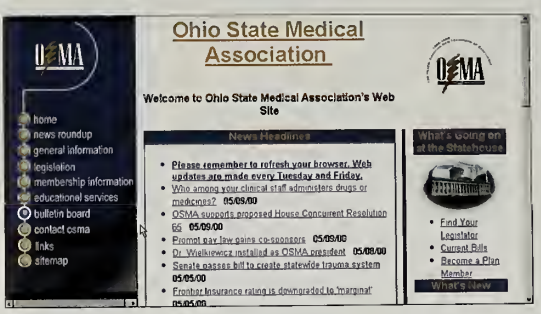
We've added information that the OSMA previously made available only in a printed form. Other new features include Medicare/Medicaid information, legal stories, legal fact sheets, contract analysis information, DNR rules and the quarterly malpractice /HMO rating reports.

A public component is also available. Here your patients will find OSMA-produced information on osteoporosis, domestic violence and breast cancer. You can direct patients to the site, or if you prefer, you can print the information and make it available to patients.

At a glance you'll be able to find what you're looking for whether it's what's going on at the Statehouse, OSMA calendar of events, Group Practice or Organized Medical Staff sections. An expanded links page offers you direct access to county Web sites, malpractice rating services, other state associations, specialty societies and much more. What are you waiting for? Visit *www.osma.org*. ■

Take Action

For more information about the OSMA Web site or to offer suggestions e-mail Karen Kirk at *kkirk@osma.org* or call her at (800) 766-6762, Ext. 6754.



To the Editor:

As chair of the OSMA's Focused Task Force on Education, I would like to offer the following clarification to the article written by Carol Larimer, entitled "Landing big-name speakers — no matter what your size," which appeared in the March issue of *Ohio Medicine*.

Ms. Larimer suggests that entities interested in sponsoring continuing medical education activities work with their local pharmaceutical representatives to secure well-known speakers in clinical fields as well as for funding. I agree that pharmaceutical companies may be a good source of information for speakers and funding, but I would like to suggest that those organizations planning the educational event make certain that they retain control of all the decisions relating to educational programming. Maintaining control in the planning ensures that the information presented meets the needs of the physician learners, ensures balance and objectivity in the educational content, and follows the standards and essentials for continuing medical education as adopted by OSMA and the Accreditation Council for Continuing Medical Education.

Sincerely,

W. David Dawdy, MD
Westerville

Colleagues

JEFFREY BOORSTEIN, MD, PH.D., Toledo, has been awarded the prestigious Physician Excellence in Education Award. This award recognizes Dr. Boorstein's outstanding support of numerous medical education programs and initiatives which he has developed. Dr. Boorstein, a neuroradiologist, is currently the CEO and president of Consulting Radiologists Corporation and the president of the Northwest Ohio Radiology Society.

ELLEN BUERK, MD, Oxford, received the Outstanding Pediatrician Award at the annual meeting of the Ohio Chapter of the American Academy of Pediatrics held recently in Columbus. Dr. Buerk has been elected as the incoming president of the Ohio Chapter effective July 1.

REGIS P. BURLAS, DO, Canton, is president of the Stark County Medical Society. Other officers this year include: **Jack R. Baker, DO,** Canton, and **Louis A. Kovacs, DO,** Massillon, and **Michael L. Lykins, DO,** Massillon. **Irving M. Gordon, DO,** Canton, was recognized for his retirement at the end of 1999.

WILLIAM F. DEMAS, MD, Richfield, was appointed for a term ending July 1, 2008 to the University of Akron Board of Trustees. He is the chief of the division of radiotherapy at Summa Health System/Akron City Hospital.

JACK GLUCKMAN, MD, Cincinnati, has been awarded the Fellowship ad hominem from the Royal College of Medicine in Endinburg, England. Dr. Gluckman is professor and chair of the Department of Otolaryngology, Head and Neck Surgery at the University of Cincinnati College of Medicine.

DONALD HARRISON, MD, Cincinnati, Enable Medical Corporation recently announced the appointment of Donald Harrison, MD, to the company's Board of Directors. Dr. Harrison is professor of Medicine and Cardiology at the University of Cincinnati and senior vice president and provost for Health Affairs at the University of Cincinnati Medical Center.

EDMOND HOOKER, MD, Cincinnati has recently had two chapters published in the fifth edition of the textbook *Emergency Medicine: A Comprehensive Study Guide*. Dr. Hooker was the sole author for both chapters - "Complication of General Surgical Procedures and "Complications of Gastrointestinal Devices."

JILL HUPPERT, MD, Cincinnati, assistant professor of clinical obstetrics and gynecology at the University of Cincinnati College of Medicine, is one of 20 scholars selected for the Association of Professors of Gynecology and Obstetrics and Solvay Pharmaceuticals Educational Scholars Development Program.

MOLLY KATZ, MD, Cincinnati, was selected to participate in the American Medical Association Glaxo Wellcome Emerging Leaders Development Program to be held in conjunction with the AMA's National Leadership Development Conference (NLDC). Dr. Katz was one of 50 physicians selected to participate.

ALAN L. MESHEKOW, DO, Massillon, is currently serving as president-elect of the American College of Osteopathic Surgeons. He will become president in September 2001.

MICHAEL NUSSBAUM, MD, Cincinnati, has been named chief of staff for the University Hospital. Dr. Nussbaum is currently an associate professor of surgery and chief of the section of general surgery. He has been a member of the University Hospital faculty since 1986.

STEVEN L. RICHARDSON, MD., MS, Columbus, was named United-Healthcare's new medical director for the central Ohio region. Dr. Richardson will oversee the company's new Care Coordination program.

G. JAMES SAMMARCO, MD, Cincinnati, was a guest lecturer speaking on nonoperative diabetic foot treatment at the 50th Annual Congress of the Philippine Orthopedic Association.

DANIEL STORER, MD, Cincinnati, recently received an award from the Ohio Association of EMS. Dr. Storer was honored for being medical director of the Ohio Association of EMS.

DAVID TAYLOR, MD, Cincinnati, was recently inducted as a fellow of the American Academy of Orthopaedic Surgeons. ■

Obituaries

NEAL ROBERT FROST, MD, Warren, Northeastern Ohio University, College of Medicine, Rootstown, OH, 1988, age 37, died March 26, 2000.

JOHN F. GRANT, MD, FACS, Castalia, Loyola University, Stritch School of Medicine, Maywood, ILL, 1943, age 80, died April 9, 2000.

ROBERT C. HARSH, MD, Beaufort, South Carolina, Ohio State University, College of Medicine, Columbus, OH, 1941, age 83, died Feb. 10, 2000.

THOMAS G. OSWALD, MD, Brookville, University of Cincinnati, College of Medicine, Cincinnati, OH, 1949, age 74, died March 30, 2000.

PHILLIP C. STIFF, SR., MD, Perrysburg, Loyola University, Stritch School of Medicine, Maywood, ILL, 1945, age 78, died April 1, 2000. ■

Portrait

Joshuo Sonds, MD, associate professor of clinical ophthalmology at the University of Cincinnoti, brings sight to the needy in Latin America.

In 1995, inspired by his alma mater, Creighton University's Institute of Latin American Concern in Santiago and Operation Smile, a medical mission organization formed by his brother-in-law, Dr. Sands and then medical student Don Stephens, formed Vision Quest. Since their first mission to Manuel Bueno in the Dominican Republic, they have traveled to Honduras and returned to the Dominican Republic four times.

Working conditions in rural areas can be challenging. "In the U.S., we work ergonomically. It's hard to do elsewhere," says Dr. Sands. On their first trip, a rural health clinic which was little more than a two-bed infirmary, was converted into an operating room. Stephens has since built a small clinic, outfitted with adjustable chairs for operating procedures, in Manuel Bueno.

Yet despite the upgrades, they are still subject to second world concerns like power outages. During their most recent trip, their resourceful chief resident hooked up an operating microscope to a car battery and flash lights were used to light the operative field, allowing Dr. Sands to continue cataract surgery during an outage.

The team must also bring microscopes, surgical instruments, medicines and other supplies. "You have to limit it in some way, you can't bring a whole hospital. Fortunately, a lot of medical companies support these kinds of medical missions and donate supplies," Dr. Sands says. His private practice group, the Cincinnati Eye Institute, is also a major supporter of Vision Quest.

Joshuo Sands, MD in a makeshift operating room

"In these underserved populations, it's important to use your resources where you can do the greatest good. When you do a medical trip like this, you need to have a clear idea of what your therapeutic goals are," says Dr. Sands. Vision Quest focuses on patients with cataracts. Tickets are handed out in villages to ensure that the most needy receive medical care. (Those with retinal conditions or other pathology are sometimes referred to a regional medical facility.)

"I think we're pretty fortunate as physicians," Dr. Sands says. "Much is made of the economics of medicine, yet I think it's fairly usual that doctors give of themselves to their patients in ways that are totally unrelated to compensation. When you do a trip of this kind, part of the fun is practicing medicine in a very pure form. You see someone with a problem and you can actually help them. People are so appreciative and it feels good to make such a difference.

Past participants have included staff, residents, alumni and students from the University of Cincinnati. Vision Quest is planning a trip to South America in 2001 and welcomes participants. "I would be delighted if students and resident participants were inspired to get involved in this type of medical mission throughout their medical careers," says Dr. Sands. ■ — *Pamela I. Willits*

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- Francis Bacon

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A Publication of the Ohio State Medical Association

Ohio Medicine

July 2000

What you need to know...

Slow pay prompts class action suit... A group of Cincinnati physicians has filed a complaint in the Court of Common Pleas, Hamilton County, against Aetna U.S. Healthcare, Aetna Health Management, Inc., Humana Health Plan of Ohio, Inc. and United Healthcare of Ohio, Inc. The complaint, filed by Riverhills Healthcare, Inc., claims the insurers have failed to fulfill their legal obligation to pay in a timely manner for services rendered, or to pay interest.

BWC survey asks providers for feedback... The state's Bureau of Workers' Compensation has mailed surveys to 5,000 providers who have submitted the highest number of paid bills to BWC since Jan. 1, 1999. Although the survey focuses primarily on billing issues, it also includes questions regarding provider satisfaction with other areas. The bureau welcomes any physician with a valid provider number to respond to an online survey which you can access at *www.ohiobwc.com*.

OSMA/OHA issue recommendations on medical errors... The joint task force formed by the OSMA and the Ohio Hospital Association has issued its recommendations for reducing the number of medical errors that occur in Ohio. See next month's issue of *Ohio Medicine* for a full report.

Tips for your practice

Your office manager's pregnant — now what? 14
Design a better-looking business card 16
Stop whistleblowers from turning you in 18
Accommodating a diverse staff 20

Here comes "state action"

A new bill takes another step toward physician negotiations.

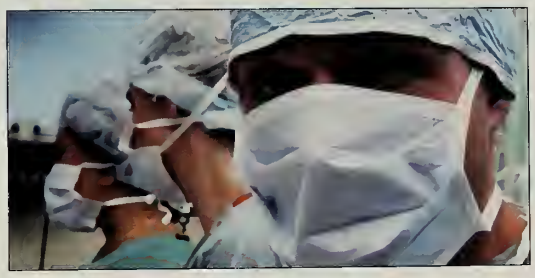
Physicians interested by the prospect of joint negotiations with health plans have new ammunition in the fight for their cause. State Reps. James Trakas (R-Independence) and Jerry Krupinski (D-Steubenville) have introduced a bill, **House Bill 721**, that waives federal antitrust laws and allows medical providers to negotiate patient care issues with insurers.

Specifically, the bill allows independent providers to join together to negotiate non-fee contract terms with insurers. Negotiating topics would include who determines "medical necessity," patient referral guidelines and drugs used in formularies. Negotiations between providers and insurers would be conducted by a representative appointed by providers and approved by the state's attorney general.

As far as fee negotiations are concerned, providers could negotiate fees with insurance companies if:

- The Ohio Department of Insurance finds an insurer has either 25,000 covered lives in a geographic area, or at least 15% market share; or
- The attorney general finds that the insurer's market share significantly exceeds the countervailing market power of providers acting individually.

The Ohio bill has been modeled after similar legislation that passed in Texas, and is supported by the OSMA. ■



Need a job? The OSMA can help

The OSMA's new job matching service is online now.

The OSMA has a new practice opportunities matching service up and running on its Web site, www.osma.org. The service is a joint project with the Ohio Hospital Association (OHA), and is **free to physicians** who can either respond directly to available opportunities listed on the site, or who can post their resume for review by hospital/business recruiters.

When you register, you will have exclusive control over who receives your curriculum vitae. You may also update your CV at any time, run opportunity searches, or forward your information to an employer through the system for direct contact.

The program is part of a new Ohio Health Council established by the OSMA and OHA. The matching service went online last month. If you have questions, contact Doug Evans, director, OSMA Membership Services, (800) 766-6762, Ext. 6774. ■

Troublesome precedent?

An opinion by the state attorney general could spell trouble for doctors who let their staff administer drugs or medications.

A recent opinion by Ohio Attorney General (AG) Betty Montgomery has the potential to create problems for physicians who delegate the administration of drugs or medicines to members of their staff.

The opinion was prompted by a State Medical Board of Ohio inquiry that asked whether a person, not expressly authorized by statute to administer an anesthetic or drug to

Continued on page 3

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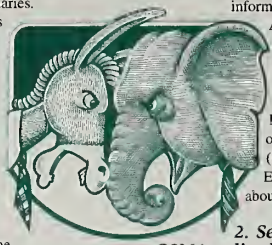
Bills, Laws & Rules

Anticipating the November showdown

7 things you should do now to prepare for this fall's elections

Describe the November elections in one word and it would have to be "eclectic." As proof, observe the following:

- 40% of the legislators are turning over their seats due to term limits or losses in the primaries.
- Three incumbents were defeated in the primaries.
- Three spouses of incumbents are running.
- Everyone running for the state senate is a "recycled" representative known to medicine.
- Mary Rose Oakar is running again — this time for the U.S. House of Representatives.



Then there's the Supreme Court races. These boil down to whether or not we'll have a group that legislates from the bench or interprets existing law. On the side of judicial restraint, Deborah L. Cook is up for re-election. Among the judicial activists is incumbent Alice Robie Resnick who is being challenged by Terrence O'Donnell.

Several strategies make sense for not only sorting out the candidates and issues, but also finding a way to get more friends of medicine among the legislators. With one-third of the seats in the Ohio House of Representatives turning over, a huge amount of work will be needed to get the new people up to speed on both physician and patient concerns.

What can *you* do to help medicine win big at the polls this fall?

1. Take advantage of PLAN meetings.

The OSMA's Physician Legislative Action Network (PLAN) is planning meetings all around the state, at the rate of several each month until November. Attend them, meet the candidates, and listen to the issues and promises they make. Prepare yourself to be an informed voter.

And while you're at it, add your name to the list of PLAN members. Contact Kathy Lamb, Department of Legislation, (800) 766-6762, Ext. 6742, for details about PLAN or OMPAC.

2. Send for the OSMA policy briefs.

The OSMA Department of Legislation is producing policy papers on each of the most important legislative issues facing organized medicine. Papers have already been produced on such topics as: prompt pay, physician profiling, point-of-service; and prohibiting "all products" contract clauses. For copies of these briefs, see "Take Action."

3. Meet the candidates, become their resource

Get to know your local candidates so that they will regard you as someone they can turn to for information on issues related to medical practice. At no time is the advice to "get involved" more pertinent than now.

4. Read Politics and Policy

The easiest way to subscribe to the OSMA's newest publication is to join PLAN or OMPAC (See #1 and #5.) *Politics and Policy* provides the latest updates and news on both state and federal health-care bills. If you aren't a member of PLAN or OMPAC, you can still order a copy. See "Take Action."

5. Join OMPAC

If you really want to have a say in the political races this year, put your money where your hopes are. The Ohio Medical Political Action Committee supports those candidates who listen and understand medicine's views.

6. Study the OSMA election guide

The 2000 edition of the OSMA election guide will be available in early fall. The guide will present all the pertinent facts you'll need to know about local legislative and Supreme Court candidates to make an informed choice at the polls this November. Watch *Ohio Medicine*, the Web site, and other OSMA publications for news of the guide's release date.

7. Register to vote and vote

Seems like simple advice, but you can't vote if you don't register. Once you're registered — and if you're *already* registered, then go that one step further. Go to the polls this November and vote. ■ — *Yvonne H. Burry*

Take Action

To order a copy of *Politics and Policy*, the OSMA legislative newsletter, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #13-00. To order a copy of the OSMA policy briefs, contact the reader response line, and ask for Item #16-00, but be sure to specify which policy brief(s) you want.

Troublesome precedent?

Continued from page 1

induce anesthesia, may do so under the delegated authority of a licensed physician.

Her response was as follows:

- The State Medical Board has the authority to decide what aspects of anesthesia administration and monitoring are the equivalent of administering a drug or medicine which is the practice of medicine.
- A person who is not specifically authorized by statute to administer a drug or medicine may not do so. Administering a drug or medicine, for compensation, without specific statutory authorization is the unauthorized (illegal) practice of medicine.
- The administration, for compensation, of a drug or medicine, whether or not an anesthetic and whether or not for the purpose of inducing anesthesia, is part of the practice of medicine, and may not be delegated by a licensed physician to a person who is not authorized by statute to administer a drug or medicine.

The OSMA has produced a survey to help the association assess the impact of the opinion upon practicing physicians and is currently in the process of tabulating results. Watch for an update on this issue soon. ■

Bills, Laws & Rules

In a nutshell: physician profiling

The battle over House Bill 475 continues. Here's what you need to know.

The bill's sponsor says:
State Rep. Dale Van Vyven (R-Sharonville) maintains he introduced the bill to increase physician "accountability."
He says there are many readily available sources of information about HMOs and insurers, but little specific information on health-care providers. Hence the need for physician "profiles."

Where profiles would be available:
On the State Medical Board of Ohio's Web site.

What profiles would contain:
- A physician's medical malpractice history
- Whether an HMO has ever terminated a contract with a physician because of "competence or quality of care."
- Summaries of hospital peer review committee reports from disciplinary actions.
- The medical board's records on malpractice history and actions.

Who pays for the profile:
Here's the rub — you will. The bill proposes a physician license fee increase of more than $1 million to pay for the program.

Who supports the bill:
- The Ohio Association of Health Plans
- The Ohio Chamber of Commerce

Why OSMA opposes the bill:
Do you need to ask? The OSMA opposes the bill for the following reasons:
- Current law already provides sufficient provisions to protect the public from substandard health care.
- Much of the information that would go into a "profile" is already available to the public.
- The proposal provides HMOs with unfair leverage over physicians.
- With peer review records open and available, physicians may be less forthcoming about their mistakes, and less likely to report errors made by their peers. ■ — *Yvonne H. Burry*

Take Action

The OSMA needs your help in opposing this bill. Contact your state representative and/or a member of the House Health Committee (see list) and express your opposition to HB 475. To find your legislator, contact the OSMA Department of Legislation, (800) 766-6762, or visit the OSMA Web site, *www.osma.org*.

House Health Committee

The bill's sponsor...Rep. Dale Von Vyven

Rep. Dale Van Vyven (R-Sharonville), Chair
Rep. Kirk Schuring (R-Canton), Vice-chair
Rep. James Aslanides (R-Coshocton)
Rep. John Barnes (D-Cleveland)
Rep. Joyce Beatty (D-Columbus)
Rep. Charlie Brading (R-Wapakoneta)
Rep. Dean DePiero (D-Parma)
Rep. Diane Grendell (R-Chesterland)
Rep. Nancy Hollister (R-Marietta)
Rep. Jim Jordan (R-Urbana)
Rep. Ray Miller (D-Columbus)
Rep. Bill Ogg (D-Sciotoville)
Rep. Lynn Olman (R-Maumee)
Rep. Sylvester Patton (D-Youngstown)
Rep. Shirley Smith (D-Columbus)
Rep. Betty Sutton (D-Barberton)
Rep. Dr. Bill Taylor (R-Norwalk)
Rep. George Terwilleger (R-Maineville)
Rep. Rose Vesper (R-New Richmond)
Rep. John Williamowski (R-Lima)
Rep. Bryan Williams (R-Akron)

Will Ohio ever mandate point-of-service options?

Maybe not...but a pair of bills may make insurers offer POS options at reasonable rates.

No one was more disappointed than the OSMA last year when the legislative study committee, charged with examining ways to further increase access to health care for Ohioans, failed to come up with a plan.

The group had specifically examined the point-of-service option (POS) — which allows patients to see doctors of their choice, but at higher costs — to determine whether or not insurers should be required to offer them to enrollees.

"The task force found that open-panel plans are viable economic alternatives to managed care," says OSMA Legislative Deputy Director Nick Lashutka. "But they had difficulty getting Ohio-specific information regarding the potential costs of such a mandate." The cost differential between POS products and closed-panel HMOs, for example, was unavailable to them,

so task force members chose not to recommend any legislative action.

However, a pair of companion bills have surfaced at the Statehouse this year which keeps the idea of more accessible health care alive. Both Senate Bill 163 and House Bill 584 require insurers to offer a POS health plan that is priced within actuarial ranges, so that premiums aren't set arbitrarily high.

In view of the task force's lack of action, this pair of bills may provide the best hope, yet, that your patients will be able to continue their relationship with you, no matter which plan their employer may choose.

Obviously, the OSMA supports both bills. ■

Bills, Laws & Rules

Medical board report

Position paper coming on multilevel marketing

The fact that "60 Minutes" is producing a segment on multilevel marketing by physicians indicates how pressing this subject has became.

The State Medical Board of Ohio has been contacted by the television news show "60 Minutes" regarding a segment on multilevel marketing by physicians — an indication, perhaps, of how timely and pressing this topic has become.

You can expect to see a position paper on this topic soon, prepared by the board's Minimal Standards of Care Committee. In the meantime, for some guidance on this subject, you may wish to turn to the article on multilevel marketing that appeared on page 14 of the Summer 1999 issue of the board's newsletter *Your Report*. (For a copy of this article, see "Take Action.")

William J. Schmidt, the board's assistant executive director, summed up what physicians **may and may not do** when it comes to multilevel marketing (supplemented by material from the *Your Report* article.):

Don't:

- Recommend a drug or device to a patient unless you believe it is in the patient's best interest.
- Engage in pyramid sales schemes. In pyramid schemes, the idea is not to sell products but distributorships. Pyramid schemes are illegal in Ohio.
- Accept commissions on products that you recommend or sell to patients. The board could construe this as fee splitting for referral of patients.
- Recommend or sell a product that is not supported by acceptable scientific evidence.

Do:

- Practice in compliance with minimal standards of care.
- Make yourself familiar with the AMA's Code of Ethics on this subject, and make certain you are not in violation. (For a copy of the AMA policy 140.931, and related policies, go to the OSMA Web site, *www.osma.org* and link to the AMA Web site from there.)

Board members pointed out a number of gray areas that continue to raise questions — for example: Is it legal or illegal for physicians to make a small profit on the sale of such products as vitamins, and what if the physician engages in such sales after office hours?

Until the board's position paper is released, physicians should engage in such marketing with caution, especially if the marketing is done from the physician's practice. ■

Take Action

You may obtain a copy of the *Your Report* article on multilevel marketing by visiting the medical board's Web site (link from the OSMA Web site), or call the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #24-00. Additional information on this subject is also available on page 7 of the May 2000 issue of *Ohio Medicine*.

Mothers could give up babies

Under **House Bill 660,** mothers would be permitted to give up their newborn infants, 30 days or younger, to police, paramedics or emergency department personnel, anonymously, without facing criminal charges of abandonment or neglect. A dozen other states have similar legislation pending. The Ohio bill is sponsored by Reps. Cheryl Winkler (R-Cincinnati) and Kirk Schuring (R-Canton). ■

Legislative update

Needies about to become safer... Needle sticks may become less frequent in Ohio, thanks to Senate Bill 183, which has been passed by the Ohio Legislature, and is on its way to becoming law. SB 183 requires public employers of health-care workers (i.e., hospitals) to develop an exposure control plan that incorporates the use of needleless systems, sharps with injury protection devices, and other means that may reduce the risk of exposure to needle sticks. **The OSMA had placed this bill under advisement.**

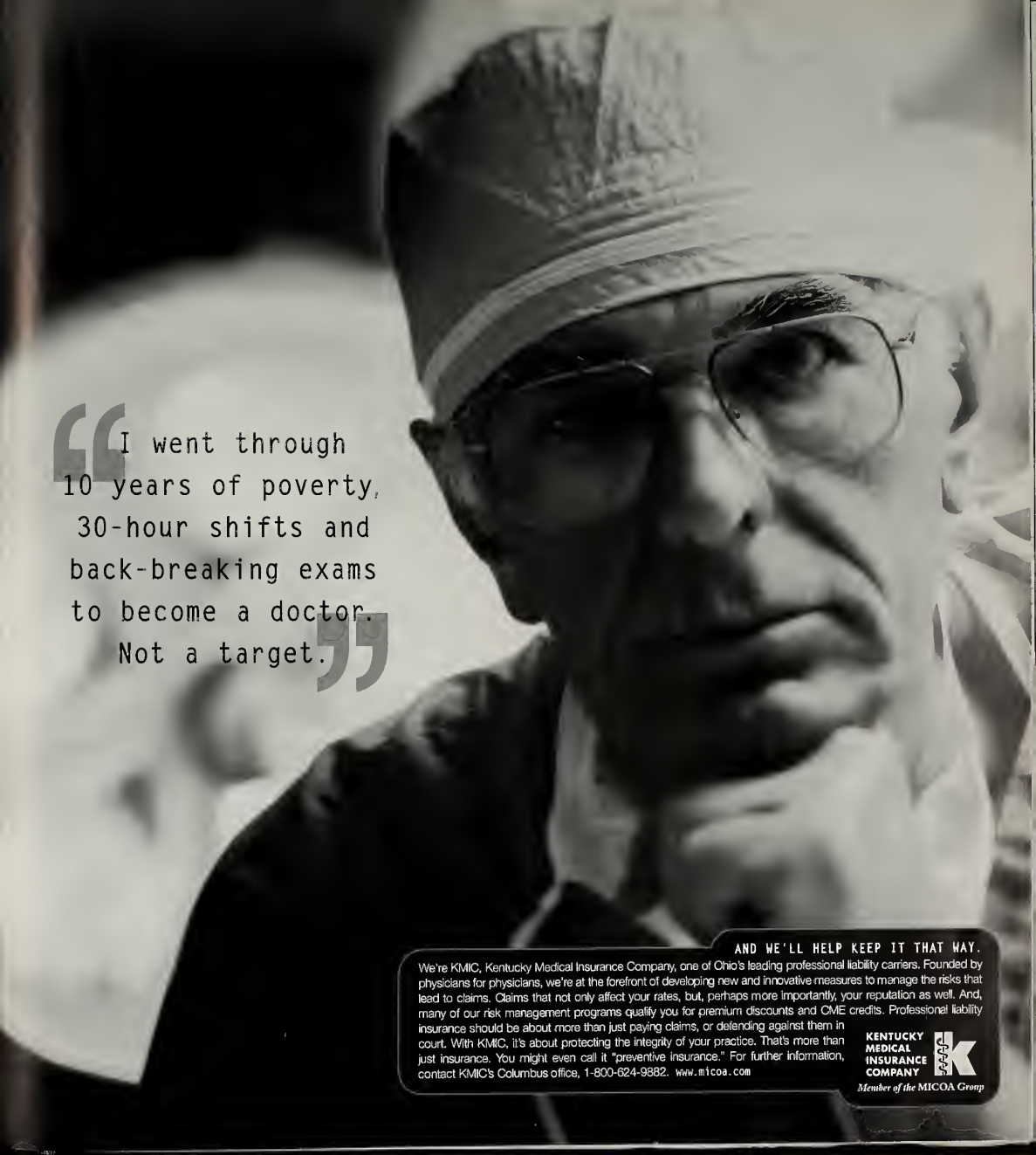
Physician licensing bill moves to Senate... House Bill 585, the measure that broadens the "practice of medicine" in Ohio to include certain activities performed in person — or through the use of other communications, such as electronic, has moved from the House to the Senate. The bill is sponsored by OSMA Alliance member Rep. Rose Vesper (R-New Richmond), and is **supported by the OSMA.**

Tobacco possession bill now in House...A bill that prohibits children from possessing, using, purchasing or receiving cigarettes or other tobacco goods has passed the Senate and moved one step closer to law. **Senate Bill 218** will also create the offense of permitting children to use tobacco products, and requires sellers to demand proof of age if they believe buyers to be under 18 years of age. **The OSMA has placed this bill under advisement.**

Wexler tells legislators to tighten pharmacist law... Randy Wexler, MD, Worthington, took the OSMA's message to legislators on **Senate Bill 248,** the bill that would permit pharmacists with certain training to administer drugs. The bill fails to specify which medications would be included under the law, Dr. Wexler said. Still, no matter what the medication, pharmacists are not trained to deal with certain complications that may occur after a medication is administered. **The OSMA opposes SB 248.**

Ruppert testifies for hearing tests... Undetected hearing loss has a profound affect on children if not caught within the first six months of life, Elizabeth Ruppert, MD, Toledo, told members of the House Health Committee recently. Dr. Ruppert, an OSMA member, testified in support of **House Bill 480** on behalf of the Ohio Chapter of the American Academy of Pediatrics. If passed, HB 480 would require a hearing screening for all newborns born in Ohio hospitals. **The OSMA has no position on HB 480 but has placed its companion bill, Senate Bill 255, under advisement.**

Senate OKs pharmacist-client privilege...Senate Bill 172, which passed the Senate and is now in the House, establishes a pharmacist-client testimonial privilege to include certain communications from physicians to pharmacists and between pharmacists and patients. The bill is sponsored by Sen. Grace Drake (R-Solon). ■



Dateline Ohio

Appalachian soul

The College of Osteopothic Medicine hapes that by probing the health problems of southeastern Ohioans, public policy changes con be mode to improve the delivery of core.

Responding to growing health problems in the Appalachian area of southeastern Ohio, the College of Osteopathic Medicine at Ohio University created the Center for Appalachian and Rural Health Research.

"The center was designed to incorporate all departments at Ohio University, to create an interdisciplinary research team," says Al Pheley, the center's director. With rates of diabetes, high cholesterol and hypertension higher in the Appalachian region than seen in other parts of the state, the center plans to focus on research aimed at these medical issues. "Existing data points to a need to better understand the problems coupled with effective solutions to those problems," says Pheley.

Formed last April, the center receives 90% of its funding from the College of Osteopathic Medicine. It plans to receive future funding from grants. Divided into four working groups, the center will focus on violence prevention, access to care, diabetes management and cardiovascular mortality rates. Currently, the violence prevention group has submitted a grant application to the National Institute of Health, proposing research on social isolation as a cause for youtb violence.

Researchers are hopeful that the data they collect will also help change public policy. With fewer health providers and higher rates of chronic disease in the area, the center will be working with legislators and other organizations to influence how public funding is distributed.

"It's not just a university project. We're trying to bring the community together to address these issues," Pheley says. With 29 counties in the Appalachian region, the center is pairing with other universities and rural health centers, in addition to individuals from social services, mental health care, the judicial system, and local hospitals to collaborate on the group's projects.

Last summer, in an attempt to learn how to locate those that need medical assistance, the center's staff conducted surveys in grocery stores, shopping malls, fairs and festivals, as well as work sites and churches in the region. The greatest challenge the center faces is in linking those in need to health-care providers. "As we start working with community organizations, we'll learn from each other how to get in touch with the people who need medical services," says Pheley. Reliable transportation is a problem for many in isolated areas. The center will examine the cost effectiveness of bringing people to health-care facilities, versus taking medical services out to them. Part of the joint effort may include the use of vans and buses owned by community organizations, like churches, to transport patients.

As the center begins to target people at risk, and finds solutions to health-care delivery issues, the data they collect may have broader applications. Pheley believes their research could be applied to inner city areas, where problems of transportation, care access, poverty and low rates of medical insurance also exist.

Supporting primary care physicians looking to practice in rural and underserved areas is one of the College of Osteopathic Medicine's missions. With 23 of the 29 counties in the region classified as health-care shortage areas, physicians willing to practice in these areas qualify for federal and state funded loan repayment programs. The center hopes for such incentives and programs like the J-1 Vista program that grants foreign physicians visas to work in rural areas, will help expand the physician base in rural America. ■

— Pamela J. Willits

Ohio health care: a Ukrainian view

Ohio's health-core system may be more technologically advonced, but in the Ukroine, doctors, not insurers, make medical decisions.

Ten physicians from the Ukraine spent three weeks in the U.S., recently, studying the American health-care system. Their visit included parts of Ohio, and focused on infectious disease control in pediatric hospitals, sexual and reproductive health education and family planning, hospital management, TB prevention within prisons, and blood-bome disease containment in hospital settings.

The group visited national, state, county and city health organizations, including the Columbus Medical Association, the Ohio Hospital Association, Columbus Children's Hospital, the Ohio State University Hospitals and College of Medicine and a number of other locations, including the office of Gov. Bob Taft.

Near the end of his visit, Alexander Nadraga, MD, a pediatric professor, said that many U.S. facilities enjoy better financial, facility and equipment support than any in the Ukraine. However, in the Ukraine, medical decisions are made by the attending physician and not by insurance companies. Ukrainian physicians take a more traditional approach to care, spending longer periods of time with each patient rather than handing them off to caregivers, such as nurses.

He was especially interested in the very brief newborn bospital stays that are common here, compared with full week stays in the Ukraine. Shorter stays mean less opportunity for the spread of communicable diseases, he said.

In the Ukraine, almost every school has its own physician, where required periodic student health examinations and vaccinations are given. Many children throughout the country suffer from anemia and vitamin deficiencies, making them more susceptible to disease, so preventive care is especially critical.

Continued on page 9

Ukrainian physicians observe at Columbus Children's Hospital... Back raw, fram left, Dr. Ohranavych, Dr. Habriyel, Dr. Patuba, Millicent Williams, Children's Hospital's coordinatar of international pragrams, Dr. Nadraga and Dr. Kvit. Frant raw, {l. ta r.} Dr. Ramanyuk, Dr. Mykychak, Dr. Matsiyevsky, Dr. Chaykivska and 4-year-ald patient Carly Carnes.

Several of the visitors spent time with Gary Smith, MD, director of the pediatric intensive care unit at Children's Hospital, Columbus. At one time, Dr. Smith worked in Poland, where medical and social conditions are similar to those in the Ukraine.

"We're so fortunate here," Dr. Smith says, relating some of the technological advancements that have helped to make U.S. health care the best in the world. Yet, as Dr. Smith notes, this high standard of health care is the exception rather than the rule.

"Also, in Poland and the Ukraine, a boundary exists between administrators and physicians. Physicians fulfill a strictly medical role; no administrative authority is delegated to them," Dr. Smith says. "Every medical student, every physician should participate in another health-care system to gain a broader perspective of what health care means for the majority of the world's population. The personal satisfaction and world view gained are tremendous."

One of the goals of the program is the formation of long-term partnerships, formal or informal, among colleagues who otherwise would not have communicated with one another — for their countries' mutual benefit. ■ — *Carol Larimer*

Take action

The International Visitors Council, Inc. (IVC) sponsors numerous business groups throughout the year. If you are interested in hosting international visitors within a particular field or from a particular country or region, contact IVC program director Steve Baker, (614) 231-9610, or at *columbusivc@ameritech.net*. Volunteer host commitments may range from a single evening's group dinner to a multiweek guestroom offer, whatever suits your interest and lifestyle.

OSMA News

Field reps are coming...to your practice

Following the success of its field representative program, the OSMA is expanding its efforts in developing personol contoct with associotion members.

Following the success of the OSMA's first field representative, hired in December 1997, the association has recently expanded its efforts in developing one-on-one contact with members.

The addition of field reps in central and southwestern Ohio now allows the OSMA to monitor membership activity in 31 counties around Ohio. With the pending addition of a fourth field rep in west central Ohio, the association will have the potential to reach more than 17,800 physicians in 42 counties.

To reach physicians within the remaining 46 Ohio counties, the OSMA has also recently implemented the Member Relations/County Society Liaison Project. Drawing on the resources of the OSMA's full-time staff, the association has assigned one or more of these counties to staff personnel. These staff members will become the in-house contact for physicians within these counties.

Staff field reps will be responsible for explaining the benefits of OSMA membership to members and nonmembers, and encouraging membership. "Explaining the ramifications of the passage of a piece of legislation, reviewing managed-care contracts and providing physicians' staff with a better understanding of coding procedures are all services we provide to members," says Doug Evans, director of Membership Services. Staff will have the responsibility of making physicians aware that these services are available.

Duties will also include attending one or more meetings of the county medical society each year. "Staff members will be responsible for monitoring the activities of the local county medical societies, as well as maintaining contact with physicians within their assigned county or counties," says Evans. Meeting directly with physicians, practice administrators and county medical society administrators will also enable staff members to generate interest in OSMA activities and programs.

OSMA staff response to the project has been overwhelmingly positive. "Staff members are looking forward to getting out in the field and interacting with physicians, as well as developing ways the OSMA can better respond to physicians' day-to-day needs," Evans says. The expansion of OSMA's field representative service comes at an opportune time. "Physicians went into medicine to become advocates for patients, yet more and more they are faced with the bureaucracy of government and third-party regulations. The OSMA can provide help with the day-to-day management issues so they can focus on the clinical side of their practice," says Evans. ■

— Pamela J. Willits

Each county (shown here divided into Councilor districts) will hove its own personol contoct with the OSMA.

Alliance Report

How we make a difference

(The following hos been excerpted from the inougural address given by Corol Muth, the OSMA Allionce's 60th president.)

Our Alliance gives members the opportunity to sbare their talents and to develop new talents, to stretch their skills, and to believe in their capabilities, to change the stereotype of a physician's spouse. It gives an opportunity to make a difference in our community, state and nation.

We are an organization of diversified individuals, and our diversity is our strength. It's about making a difference. As members of the Alliance, physicians' spouses contribute to the greater good, develop personally, and belong to a socially accepted and understood group of friends. We are making our difference by being part of the solution through a number of Alliance programs, including Save-a-Shelter, Stop America's Violence Everywhere campaigns, and our Doctor's Day blood drives. We promote public health, health-care legislation, and fund-raising for medical education.

This year is the AMA Foundation's 50th anniversary. We can celebrate the more than $1 million that is raised annually for this project. Ohio can be proud to have been ranked third in the nation last year for this worthy cause. Together, we have made a difference. Many Ohio medical and health-care students are recipients of these scholarships.

A new Community Service Award was created that recognizes and supports local Alliances, that are facilitating medical care, health education, and preventive health programs in the community, giving us more funds in which we can make a difference.

Legislation is an area where we have and will continue to make a difference. This is done through education of our members and patients, keeping our spouses informed, and by being, ourselves, an advocate for health-care issues. We give the true picture of medicine and of the quality of care we know our spouses deliver. Often, we're the extension to the community, to the patient, and to legislation that our spouses wish they had time to be.

Our legislators need to understand that medical decisions must be left in tbe hands of those who deliver the care and not in the hands of those who regulate the care or those who legislate the care. As an organization, we'll continue to be the advocate of the caregiver.

We truly appreciate the relationship that our Alliance has witb the Ohio State Medical Association, and the effective partnership between medical societies and the county Alliances throughout Ohio. Together, we make a difference. ■

OSMA calendar

Educational programs continue throughout the summer.

Physicians and the Internet... hands-on training

July 14 & 15

This hands-on computing workshop is designed for physicians with intermediate or advanced Internet skills. Learn to navigate the Internet more effectively and efficiently through a series of case presentations. Office managers, spouses or others are invited to come with you for a "team learning" approach. The course has been designed for physicians by physicians, and a physician is teaching the course. A maximum of 7 hours category 1 credit is available. Each physician should claim only those hours of credit spent in educational activity. The courses will be taught at eKnowledge Concepts, 5115 Parkcenter Blvd., Dublin, Ohio.

For more information: OSMA Department of Educational Services, (800) 766-6762.

Medicare/Medicaid seminars 2000

Aug. 1 through Sept. 20

The popular Medicare/Medicaid seminars will be offered again this summer for physicians and office staff members who would like updates and news concerning these government payers. This is your opportunity to learn from the very people who handle your claims. The seminars will be offered at various locations throughout the state, beginning next month and continuing through mid-September. Register for these seminars early. They fill fast.

For more information: OSMA Department of Ombudsman Services (800) 766-6762. ■

OSMA News

7 receive OMERF scholarships

The OSMA's Medical Educotion and Research Foundotion has announced its scholarship award recipients for 2000.

Scholarships are awarded on the basis of nonclinical leadership skills and activities, as well as the student's interest and understanding of organized medicine. This year's OMERF scholarship winners are:

Bradley R. Harrold
Ohio State University

"...Brad's accomplishments in organized medicine...are both significant and impressive. Brad has been extensively involved in community service projects and...is an exemplary role model for younger students." — *Andrew M. Thomas, MD, clinical assistant professor*

Laura Kay Shoemaker
Ohio University
College of Osteopathic Medicine

"Ms. Shoemaker is a creative and diligent medical student who assumes a prominent leadership role in our group discussions. She is a self-motivated, hard working medical student with a level of dedication and sophistication beyond that of most of her contemporaries." — *Joseph D. Jollick, professor of Microbiology*

Donald Mark Miller
Medical College of Ohio

"Mr. Miller is a third-year student in good academy standing and...an exceptional candidate because of his extensive leadership activities in organized medicine throughout medical school. Mr. Miller's effective leadership skills can be attributed to his interest and dedication." — *Patricia J. Metting, associate dean for Student Affairs.*

Mark E. Rea
NEOUCOM

"Mark has taken on several leadership roles at NEOUCOM...including vice president of the NEOUCOM chapter of AMSA and M2 Chair of the Task Force. I have found Mark to be talented, intelligent, compassionate, and dedicated to pursuing a career in medicine." — *Maria R. Schimer, director, Office of Geriatric Medicine.*

Deborah A. Bradley
University of Cincinnati

"In addition to her high level of academic achievement, Ms. Bradly bas many other accomplisbments to her credit... I have found Ms. Bradley to be one of the key individuals who was known for her excellent ideas, ability to work with others, and reliability in getting the job done." — *Dorothy H. Air, assistant dean for Student Affairs.*

Bruce G. Heller
Case Western Reserve University
School of Medicine

"Bruce quickly distinguished himself as a leader...he works well in organizations with other students, is extremely well organized, and brings a very efficient demeanor to each of his many projects." — *Tanya Edwards, MD, assistant professor, Family Medicine*

Sarah Dawn Corathers
Wright State University
School of Medicine

"Her leadership qualities are exhibited in several extracurricular activities. Sarah's volunteer work with *Reach Out Dayton* testify to her commitment to serving an under-served population...a student who promises to be a leader in the community with a deep concern for those whom society has marginalized." — *Robert D. Reece, professor and chair, Community Health.* ■

On the Web
Get hands-on Internet training

Do you have patients walking into your office with stacks of information they've pulled off the Internet? If not, you will soon.

Technology may be changing the way patients receive medical information. Let's face it, the Internet and computers in general, can be the bane of your existence or a powerful tool in your practice. If you're not familiar with theWeb, this might be a good time to start.

If you missed the educational session on the Internet presented at the OSMA Annual Meeting, you have another opportunity to learn about the Web. The OSMA Focused Task Force on Education is offering a workshop, "Physicians and the Internet...Hands-on Training," July 14 and 15 from 8:30 a.m. to 4 p.m. at eKnowledge Concepts in Dublin, Ohio. You'll not only learn how to navigate the Internet more efficiently and effectively, but you'll

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President's Perspectives

What are we going to do about it?

"I have heard this question asked many times in connection with some particular problem or issue: 'What is the Ohio State Medical Association going to do about it?' The question should be: 'What are we going to do about it?' In other words, the OSMA and AMA are merely composites of all of us...." — *Robert Martin, OSMA President, 1957–58*

Dr. Wielkiewicz

Dr. Martin said this more than 40 years ago in the House of Delegates. However, I think it still applies today. Frequently I am asked, "What is the OSMA going to do about a given problem?" This is usually by physicians who are members of the OSMA. I, too, think the appropriate question is, "What are we going to do about it?"

Participation in the process is very important. Only by hearing what our members think and want, and what our members think we should do, are we best able to formulate a policy and/or plan.

What can you do? Speak up. Let us know what you think about various problems and medicine. When the OSMA contacts you for a survey, please participate. We truly care what you think. We want to know your opinion.

Also, get involved. I strongly encourage each and every member of the OSMA to become involved locally as well as across the state. Not only in organized medicine, but also in various projects to help others in our communities.

Further, you can join OMPAC or you can help with a local political campaign. When we get involved in the political process, it helps medicine by supporting and electing people who share our philosophy.

We are the OSMA. Each of us will determine the organization's success or failure based on what we do for our patients, our community, and our profession. ■

receive up to 7 hours in category 1 CME credit.

Why not bring along your office manager, partner or spouse for "team learning?" For more information and registration, contact OSMA Department of Educational Services, (800) 766-6762 or e-mail: *education@osma.org* or register online by going to the OSMA Web site, *www.osma.org* and click on "Calendar of Events."

This workshop was designed by physicians for physicians and will be presented by a physician. Instructor Eugene Worth, MD, is president of Medical Information Technologies in Columbia, Missouri. Dr. Worth formed his company after 12 years practicing anesthesiology and completing a three-year NIH-funded fellowship in medical informatics.

After attending this workshop, you should be able to:

- Use the Internet, World Wide Web and search engines.
- Identify biomedical information resources available on the Internet.
- Search the Internet for medical as well as nonmedical information.
- Download, install, print and save Internet information resources.
- Discuss how computing resources can be used to build a cost-effective medical practice.

Take Action:

If you have any suggestions for the OSMA Web site e-mail Karen Kirk at *kkirk@osma.org* or call her at (800) 766-6762, Ext. 6754.

Practice Tips

Your office manager's pregnant...now what?

If you're not familiar with the Family and Medical Leave Act, and what it allows, now's the time to review it.

If your receptionist calls in sick with the flu, you can probably rely on the rest of your staff, together with your voice-mail system, to pitch in and keep the wheels turning for a day or two. Things get a bit stickier if your office manager or one of your medical assistants goes out on maternity leave for several months. If you're in a large practice, you may be required by federal law to hold that manager's or assistant's job.

The Family and Medical Leave Act (FMLA) mandates that you allow 12 weeks' unpaid leave to qualified employees for:

- the birth of a child or placement of a child through adoption or foster care;
- care of a seriously ill spouse, child, or parent; or
- a health condition that makes the employee unable to perform his or her job.

Who qualifies?

Your practice falls under FMLA if you have 50 or more employees within a 75-mile radius. To qualify for leave under the act, an employee must have worked for you at least 1,250 hours during the previous 12 months. Although you are mandated to provide unpaid leave, you may, at your discretion, choose to substitute accrued paid leave, such as sick leave or vacation time. If you provided the employee with health-care coverage before the leave, you must maintain the same type of coverage during the leave, though you may require the employee to continue paying a share of the premium if that was the previous arrangement. If the employee chooses not to return, he or she may be required to repay your share of health-care premiums paid during the leave.

FMLA obligates you to allow the employee to return to either the same job or a similar one, including equivalent pay, benefits, and consideration for promotion. You may not discriminate against the employee in any way for taking FMLA leave.

Employee obligations

The employee taking the leave also has obligations. To allow you time to plan for coverage, the employee must, if possible, give you notice that he or she intends to take advantage of the leave. If the need for leave was unforeseeable, you can expect notice within several days, or as soon as practicable, of the employee's departure. Verbal notice is sufficient.

You may require the employee to provide certification of the necessity for leave due to serious illness. You may ask for a second opinion — at your expense — and if the two differ, you may ask for a third opinion, also at your expense. The third opinion is binding. You may also require occasional recertification of the need for continued leave. If the leave is for the employee's personal health, upon the employee's return, you may ask for certification that he or she is able to resume work; however, your request must comply with both a consistent office policy and the Americans with Disabilities Act.

If your practice falls within the parameters of FMLA, you must post a notice to let your employees know how the leave works. And be sure to mention it in your employee handbook. ■

— Jan Leibovitz Alloy

Take action

For more information on the Family Medical Leave Act, contact the U.S. Department of Labor Region V Office of Public Affairs, (312) 353-6976, or go to the FMLA Web page, *www.dol.gov/dol/esa/fmla.htm.*

Temp agencies can take up the slack

Regardless of federal mandates, you can't just ignore an open position for 12 weeks while an employee is away under the Family and Medical Leave Act. Perhaps you hire staff through a medical employment service. Ask if the agency places temporary workers — many do. Other agencies provide *only* temporary workers.

"Temporary" does not mean unqualified. Some temps simply enjoy the frequent change of scenery. Or, for one reason or another, they may not want to work full time. "They may want to work part of the year, and then they head south for vacation or retirement part of the year," says Sheila Malin, CEO of Medical Placements Staffing Services in Columbus. "Or they have children and they want to work around their children's school schedule."

Like you, a temporary agency wants as much notice as possible of your employee's departure. "On a norm, they give us at least a day or two to work on it," says Jack Tracey, staffing and marketing coordinator of Medical Staffing Solutions, Inc. in Beavercreek. "Sometimes they call and need somebody yesterday." That gives the agency — and your office — fewer choices of prospective temps. ■

Market watch

Aetna, doctors' group settle... Aetna U.S. Healthcare has settled with Central Ohio Primary Care Physicians after intense negotiations. Central Ohio Primary Care had threatened to pull its contract with Aetna on July 1. Specific contract details aren't clear, but the group will have greater incentives for preventive care under the new contract. Meanwhile, negotiations between Aetna and two other Central Ohio groups — Mount Carmel System and Medical Group of Ohio — continue.

Health Alliance limits choice for orthopedic surgeons... Cincinnati's hospital partnership, the Health Alliance, signed contracts with two manufacturers of knee and hip implants that make them exclusive providers of total joint replacements. The Alliance expects to save money on large-volume purchases from the two manufacturers, but the Cincinnati Orthopedic Society said proper patient care depends on surgeons using implants with which they are comfortable. According to the Alliance, surgeons can quit practicing at Alliance hospitals or use the endorsed product. However, criteria will be developed for cases in which a doctor believes a different device better meets a need. ■

Ombudsman Case Study #4

Correcting a below-level Medicare reimbursement

Practice type:
General surgery group

Other entity:
A patient's private insurance carrier

The challenge:
The practice does not have a contract with the patient's insurance company, which is a Medicare+ Choice plan. However, the practice is a Medicare participating provider that accepts assignment. Reimbursement from the insurance company was below the allowable Medicare schedule.

Supporting factors:

- The medical services rendered are included under the HCFA Operational Policy Letter (OPL) #43 defined situations.
- OPL #43 requires that Medicare risk and cost HMO/CMPs assume financial responsibility for nonemergent or nonurgent care under those defined situations.

Exacerbating factors:
The insurance company's initial review, at the medical office's request, did not find any reason to pay more.

Ombudsman solution:
Write a letter to the insurance company's medical director, outlining applicable HCFA guidelines/requirements.

Results:
The proper reimbursement adjustment was made, and the medical practice received the balance owed within two weeks.

The explanation:
The insurance company had been using the previous year's Medicare fee schedule. The insurance company's claims department was notified of the error, internally, to prevent the error from recurring.

Additional comments from OSMA Ombudsman office:
Physician's offices need to be aware of the Medicare+ Choice regulations. If you are a Medicare participating physician and are not contracted with the Medicare+ Choice plan, you should be reimbursed at the Medicare fee schedule. Watch your reimbursement levels for *all* contracted and noncontracted services.

Go online
HCFA Operational Policy Letter #43 (11/06/99) can be found at *www.hcfa.gov/medicare*. Or link to it from the OSMA Web site, *www.osma.org*.

Take Action
For free assistance to OSMA members on reimbursement issues, contact OSMA Department of Ombudsman Services, (800) 766-6762. ■

Practice Tips

Your Practice Guide

Design a better-looking business card

Your business cord is often the first impression others may have of you. So what does yours say about you?

Wherever you go in the business world, business cards are the universally recognized means of saying, "Please call me." So, how inviting is your business card? Take a good look.

First, the card should have substantial weight — at least an 80# card stock. That way, it won't bend or damage easily. Certain heavy paper stocks can even be blind-embossed (die-stamped, without ink) or foil-stamped (die-stamped, plus a touch of metallic foil — perhaps in your logo) for an elegant touch. Highly reflective paper finishes send a cold, high-tech message that isn't compatible with "health care."

What is your business and who are you trying to attract? Within each culture, stereotypes of icons act as a visual language that helps to establish and reinforce a total image or message. So, if you're a pediatrician, for instance, you can allow yourself more license with bright colors and hard-edged geometric shapes than a gynecologist would.

Your logo, which should be professionally designed and registered as a trademark, should be compatible with what you do, and who you want to attract, as well. If you're using a graphic designer (and you should), he or she should present you with several logo options.

A short "tagline" might be desirable, especially if your business name doesn't literally describe what you do. A tagline might add a touch of humor or make your message more memorable, i.e., "Wooden Hull Repair — We Float Your Boat."

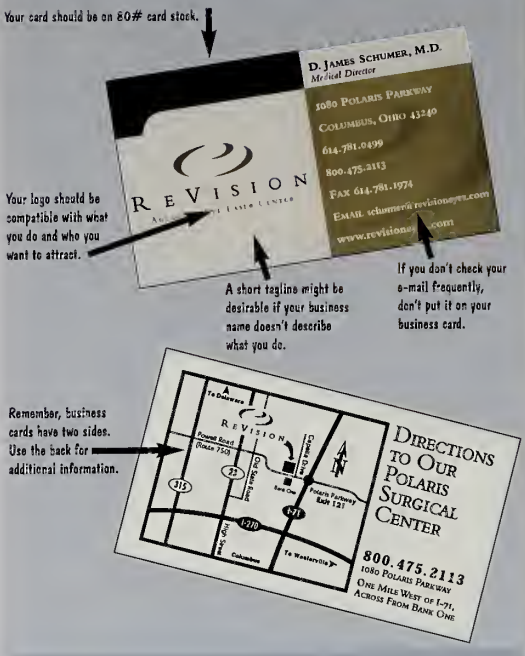
How much should you say? With so many means of communication, business cards are filling up fast. One good rule: If you don't check your e-mail or voice mail very frequently, don't put it on your business card. If you're high-tech, people expect you to be connected. And if you try to fit too much on one side, the type will be tiny and difficult to read.

Remember, business cards have two sides, and the back can contain a map to your office, an inspiring quotation that reflects you and your practice, a brief list of the services or benefits you provide, or the same information in a second language (be sure it says what you intend for it to say, and don't be modest with your titles, they really count in other cultures.)

If the card becomes too full or fancy, it won't fit into the various "systems" that people use to store and use business cards, such as two-hole punching the bottom for a card file.

Your business card is your representative when you're not there so make sure it speaks volumes about you. ■

— *Carol Larimer*



Make your card work for you

Here are some ideas for marketing via your business card:

- If you're a primary care physician, place your business cards in a counter-top holder next to a small sign that reads, "We appreciate your referrals."
- When your staff sends out thank-you letters to referring colleagues, attach a business card.
- Consider a direct-mail series of useful information, such as reprints of articles you authored to existing patients and highly targeted lists (and enclose a business card in each.)
- Develop a timely flier series, on topics such as seasonal allergens or health hazards in the home — with a punch-out business card.
- Print refrigerator-magnet business cards and encourage your patients to take two — one for a friend.
- Take a box of business cards to any large conference, so that you don't run out during all of the mix-and-mingle sessions. — *Carol Larimer*

Practice Tips

Your Practice Guide

Stop whistleblowers

The employee who tells the government you're not complying with regulations can be stopped short with active listening.

If an employee tells you about a problem that's occurring in your office, you'd do well to listen. "A potential whistleblower is an employee who almost always tries to correct the problem first, in-house," says William Frew, a health-care consultant for Adams & Associates, one of two presenters at an OSMA-sponsored seminar on compliance given last month.

Whistleblowers, or Qui Tams in the legal world, are private parties who file civil actions to enforce the false claims act. These investigations can be costly to you, and profitable for the whistleblower — for example, in 1998, Health Care Services Corporation, a Medicare contractor, agreed to pay $140 million in civil penalties; the whistleblower received $29 million. Yet, chances are, the whistleblower let Health Care Services know about the problem first, and was ignored.

"When a staff member approaches you about a potential violation of the law that's occurring in your practice, listen to them, and make every effort to correct the problem," says Frew.

Your office might put in place a work plan that lists all the different targets for the year, areas where compliance is expected. And train your office staff to know and understand your compliance program.

"Make your compliance program proactive rather than reactive," suggests Frew.

By showing your employees you have every intention of complying with government regulations, and that you will listen to them when they tell you of an area where compliance isn't occurring, you could save yourself from an embarrassing, and potentially costly, investigation. ■

Check your data

Here are two new Web sites that feature information on physicians. They come courtesy of Timothy P. Desiato, MD, Dover. Log on and check to see if your name is included. If it is, you'll want to make sure the information about you is accurate.

www.sanctionsearch.com
www.doctordirectory.com ■

Take action

Please notify *Ohio Medicine* if you happen to come across other sites while surfing that feature information about physicians. *Ohio Medicine* will run the names of these sites periodically, so you can check to see if your name is listed and, if so, whether or not the information is accurate. Contact: Karen Edwards, (800) 766-6762, Ext. 6752, e-mail *ohiomed@osmo.org.*

How to develop a compliance plan

Step 2: Have a compliance officer

By now you have gathered your policies and have a compliance plan in a central location in your office — somewhere where everyone knows where it is.

Your next step is to name a compliance officer. This individual could be the practice manager or business manager, or a committee if you prefer. Whoever you select, however, this party is a key part of your staff and that should be reflected on your practice's organizational chart.

The compliance officer should have access to the practice's governing body, and report to this group on a monthly basis.

Your compliance officer should be authorized to perform reviews and audits to ensure the practice is complying with all government regulations affecting the practice; and your compliance officer may be charged also with any or all of the following duties:

- Maintaining a roster of every employee, including the employee's name, social security number, date of hire, training and updates.
- Maintaining Medicare rules and regulations
- Administering compliance training. The compliance officer should see to it that all employees receive updated compliance training at least annually.
- Maintaining records of training, communication, and updates. ■

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Practice Tips

Your Practice Guide

Accommodating a diverse staff

Today's office staff may encompass a range of nationalities and religions. The object is to play fair with everyone.

As office staffs grow more diverse, physicians and office managers may find themselves in positions where they are accommodating different religious holidays, dress and customs. Attorney James S. Mowery, Jr., principal with Mowery & Youell of Dublin, Ohio, has worked with employment discrimination cases since the early '70s. Counseling across cultures has become a recent specialty.

The evangelizing employee

"At one extreme, you may find someone 'making religion an issue' in the workplace," says Mowery. "Some religious missions include zealous recruiting or an individual might be newly inspired by a recent conversion. Either way, the proselytizing may be interfering with the individual's and others' job performance."

In that case, the manager should have a one-on-one talk with the "offender" about not imposing on others nor interfering with work during business hours. Key concepts are: respect for co-workers' wishes; and protection of a productive workplace.

"The office Policies and Procedures manual should provide guidance about documenting counseling sessions and progressive discipline if the advice isn't followed. Giving the employee time to develop a plan and correct the problem behavior is a fair approach," he says.

Another *religious holiday?*

Some religions observe more holy days than others do, which results in more days away from work. Again, your Policies and Procedures manual should outline the progression or options for days missed, such as personal time, vacation time and unpaid holidays.

"People wishing to observe their religious holidays are entitled to accommodation within your Policies and Procedures manual," says Mowery. "Uniform treatment is essential to avoiding successful lawsuits against you, the employer. If resentment, tension or other inappropriate reactions are forthcoming from other employees, whole-office counseling may be in order."

"Your job is, first, to listen," continues Mowery. "Each employee is owed honesty, respect, and dignity. People can't be expected to assimilate. In return, each employee is responsible for not disrupting the workplace and for performing the job." ■

— Carol Larimer

Go online

An interfaith calendar is available if you wish to check the dates of holidays for several major religions. Visit *www.interfaithcalendar.org*

Malpractice rate hike is likely

Prepare yourself. Higher malpractice premiums may be on the horizon.

Medical Liability Monitor (MLM) reports that the "soft" medmal insurers' market is beginning to harden. Companies claim that premium writings are down and losses are up. To compensate, insurers are tightening their underwriting, nonrenewing certain risks, even merging to gain strength.

They are also planning to increase rates and drop discounts and credits they've offered in the past — despite a still competitive market.

MLM predicts that more alliances, mergers, and acquisitions are likely to occur, although *BestWeek,* the weekly publication of the A.M. Best Company, Inc., says that large, market-changing mergers have "slacked off in favor of smaller, more targeted strategic acquisitions."

In a recent article, *MLM* points to Tim Morse, president of St. Paul Medical Services, who in mid-1998, told publication editors: "Enough is enough. There comes a time when you must price your product at a level that makes economic sense. For those unprepared to pay that price, we are willing to let them go."

The bottom line is, malpractice premiums are likely to increase in the months ahead. Prepare your budgets accordingly. ■

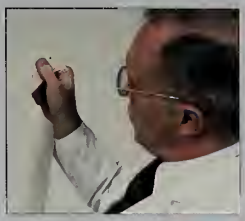
Report your crossover numbers

If you serve both Medicare and Medicaid patients, notify Medicaid of your Medicare PIN number.

If you are an individual practitioner, serving botb Medicare and Medicaid patients, you should notify Medicaid of your individual Medicare PIN number. Medicaid needs this information to establish a link between your individual Medicaid provider number, and your individual Medicare PIN number. This link will enable the Medicare deductible and coinsurance amounts to automatically cross over into the Medicaid claims processing system.

Services billed to Medicare under a Medicare group PIN number will require an assignment of a corresponding Medicaid group provider number to promote the Medicare/Medicaid automatic claims crossover process.

If you're enrolling with the Medicaid program, be sure to include your assigned Medicare PIN number in the application's section labeled Medicare Identification Information. If you're currently enrolled with the Medicaid program, and have not reported your



Medicare PIN number, contact the Medicaid Provider Enrollment Unit at (800) 686-6108, option 2.

A correct link of your Medicare/ Medicaid provider numbers will result in accurate payment information on your annual 1099 statement. — *Carol Larimer*

Take Action

The OSMA Department of Ombudsman Services continually talks with third-party payors on your behalf. If your office is experiencing a reimbursement challenge, call Jennifer Hyle for assistance, (800) 766-6762, Ext. 6757.

Keep your staff safe

The Ohio Bureau of Workers' Compensation Division of Safety and Hygiene has put together an extensive series of courses presented throughout the state on topics such as bloodborne pathogens, ergonomics and safety for the health-care industry, and the fundamentals of an effective safety and health program. Most of the programs are tuition-free for employers with active BWC policy numbers.

In addition, the division also has a library of education and training videos on similar topics that can be borrowed at no cost for viewing in your office.

To obtain a complete schedule of safety training seminar topics, presentation dates and locations, as well as a list of videos available for borrowing, contact the Ohio BWC Division of Safety and Hygiene at (800) 644-6292. ■

Colleagues

JOSEPH BRODERICK, MD, Cincinnati, has been appointed chair of the Department of Neurology. Dr. Broderick, professor of neurology at the University of Cincinnati (UC) College of Medicine and affiliated with UC for 13 years, is one of the leaders of the Cincinnati Stroke Team that works with collaborating hospitals in Greater Cincinnati to bring emergency neurology patients the fastest treatment possible.

E. CHRISTOPHER ELLISON, MD, Columbus, OH, was named Surgery Professor of the Year by the 1999 graduating class of the OSU College of Medicine and Public Health. Dr. Ellison is the Robert M. Zollinger professor of surgery, chief of the Division of General Surgery and interim chair of the OSU Department of Surgery.

SHERMAN A. KATZ, MD, Columbus, OH, has joined the OSU Department of Surgery as assistant professor. Dr. Katz received his MD from the OSU College of Medicine and Public Health and completed specialty training in vascular surgery at Case Western Reserve University Hospitals, Mount Sinai Medical Center (Cleveland) and Lutheran Medical Center (Cleveland). ■

Obituaries

MARTIN E. CONTI, MD, Venice, FL, Duke University School of Medicine, Durham, N.C., 1933; age 93; died May 18, 2000.

MARK G. HERBST, MD, Annapolis, MD, Case Western Reserve University, School of Medicine, Cleveland, 1935; age 89; died May 2, 2000.

JOHN F. MCVAY, MD, Cuyahoga Falls, OH, University of Rochester School of Medicine — Dentistry, Rochester, NY, 1952; age 74; died May 13, 2000.

ROBERT D. SKPTON, MD, Daytor, OH, Ohio State University College of Medicine, Columbus, OH, 1946; age 79; died May 13, 2000.

JOHN M. THOMPSON, MD, Bonita Springs, FL, Ohio State University College of Medicine, Columbus, OH, 1935; age 92; died May 1, 2000.

CHARLES S. WOHL, MD, FACS, Delray, FL, Cornell University Medical College, New York, 1936; age 88; died April 30, 2000. ■

Portrait

What started as a game has developed into a public health awareness campaign by Cincinnati family physician William Sawyer, MD.

As a means of getting his own children to wash their hands, Dr. William Sawyer would put a sock puppet on his hand and create a game out of hand washing. The positive response from his children led him to develop an activity coloring book featuring Henry the Hand. Designed as an elementary school curriculum, each page can be used as a lesson plan.

Accompanying Dr. Sawyer on his school visits is an eight-foot tall version of Henry the Hand. The furry, yellow, huggable character is designed to provoke a child's imagination. While a facilitator does the talking during a presentation, Henry becomes an animated means of making the children laugh. "If you can laugh about something, you're more likely to remember it," says Dr. Sawyer.


William Sawyer, MD

"Henry the Hand has four principles," explains Dr. Sawyer, who also teaches "hand awareness" to his patients. Wash your hands before you eat and when they're dirty; don't cough into your hands; don't sneeze into your hands; and keep your fingers away from your mouth, nose and eyes. The results will reduce the spread of communicable diseases as well as reduce exposure to environmental toxins.

Dr. Sawyer is currently developing an adopt-a-school program where other physicians can contact schools in their area and arrange a visit from Henry the Hand. "The adopt-a-school program is a great opportunity for doctors to go into the community and teach the fundamental principle of health, which is prevention. It reinforces the physician's role as a health educator," says Dr. Sawyer.

A physician's office curriculum packet has also been designed to educate and entertain children while in their doctor's office. The packet also includes a poster, a Champion Hand Washer button for physicians to wear, and Champion Hand Washer stickers for their young patients.

Henry the Hand is the creation of William Sawyer, MD, a Cincinnati doctor determined to bring "hand awareness" to children and patients.

In order to help fund his program, Dr. Sawyer is seeking grants from educational and health organizations alike. He views Henry the Hand and hand awareness as a public health service. "We're teaching the public about primary prevention rather than relying on secondary prevention with antibiotics," says Dr. Sawyer.

Future plans for Henry the Hand include the expansion of his Web site. Currently, the site has an interactive word game for older children and the capability of e-mailing questions to Henry. Dr. Sawyer is developing a section where younger children can access the coloring book activities and a section where adults can review the curriculum as well as purchase educational materials. "I want it to be an ongoing educational tool that's fun," says Dr. Sawyer. ■

— Pamela J. Willits

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- Francis Bacon

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A Publication of the Ohio State Medical Association

Ohio Medicine

August 2000

What you need to know...

Campbell bill passes House... The U.S. House has passed the Campbell bill, bringing physicians one step closer to the process of joint negotiations. The goal of the Campbell bill is to let physicians and other health-care providers join together for a more level playing field when negotiating with the HMOs and other managed-care plans by creating an exemption in the federal antitrust laws. Both the AMA and the OSMA actively support this bill as the best solution toward allowing joint negotiations for physicians.

Update on Momentum, PacifiCare... Earlier this year, the OSMA informed members about the closing of Momentum Health Solutions, Inc., and its legal action against PacifiCare of Ohio. Over the last three months, the OSMA and the Ohio Hospital Association (OHA) met with representatives from the two companies, and have agreed to facilitate a joint meeting with both Momentum and PacifiCare to discuss strategies for settling the unpaid provider claims and related issues. The meeting occurred June 29. To view the information provided at the meeting and plans for the next step, visit the appropriate story on the OSMA Web site, *www.osma.org*.

HMO financial stability report available... To check the strength of any of over 30 HMOs doing business in Ohio, send for a copy of the most recent *HMO Financial Stability Report*, a quarterly publication of the OSMA. Contact the *Ohio Medicine* reader response line, (800) 766- 6762, Ext. 6580, and ask for Item #28-00.

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Dealing with the angry patient.....20

OAHP agrees to look at "takeback" policy

A provider group led by the OSMA hopes to resolve key issues — like tokebacks and prompt pay — through regular dialogue with the Ohio Association of Health Plans.

Health plans' practice of adjusting or correcting a provider account in connection to a "takeback" — a term that designates what amounts to a reimbursement refund for the plan — is the first issue to be considered by the Ohio Association of Health Plans (OAHP), as it enters into a series of discussions with a coalition of provider groups led by the OSMA. (For a list of the groups, see related story on page 17.)

At a meeting in July, providers presented the OAHP with a list of subjects for dialogue, including: 1.) how claims reimbursements are administered (including the issue of prompt pay); 2.) joint negotiations; 3.) access to care; and 4.) liability, including the recently enacted external review process, guaranteed under Ohio's new Patient Bill of Rights.

"We want to take one piece of just one of these issues to see if we can make any headway with it," says Todd Baker, director, OSMA Medical Economics and Advocacy. Any future meetings will include the same issue-by-issue approach.

Continued on page 17

At your service — instantly

New technology makes 24-hour OSMA a virtual reality

A new software program, called Right Now Web, makes it possible for members to log onto the OSMA's Web site, *www.osma.org*, any hour of the day or night and find answers to their questions. A drop-down menu will display questions frequently asked, and, if your question is one of those, a response will be immediate. If you can't find what you are looking for, however, type in your question and e-mail it to the OSMA. You will receive an answer within 48 hours.

The technology allows the OSMA to provide 24-hour service to its members, with the convenience of instant feedback. Questions do not need to be just about the association or membership (i.e., "how do I join?"). Your questions may be relative to *any* OSMA service, including legal, legislative, ombudsman, and educational services.

In addition, this new program will also notify you automatically of changes in particular bills and laws in which you have indicated an interest.

You'll find the new service under the "Ask the OSMA" button on the Web site. ■

Take Action

If you have questions or need more information about RightNow Web, contact Karen Kirk, (800) 766-6762, Ext. 6754, e-mail: *kkirk@osma.org*.

OSMA wage/ salary survey: The marketplace profiled

The OSMA's first-ever wage/salary survey of nonclinical staff provides a good look at what a specific Ohio marketploce pays for office help — and what benefits are offered.

Deciding what wage and benefits to offer your nonclinical staff can be a difficult decision. Now, the OSMA has a tool designed to make that decision easier.

Earlier this year, the OSMA surveyed group practices throughout the state regarding these two, often sensitive subjects. The more than 300 responses have been compiled into a report that provides the range of salaries paid to four nonclinical staff members (receptionist, clerical/medical records, billing/collecting, transcriptionist) as well as office managers and practice administrators in specific regions of the state.

"We grouped the responses to salary questions by councilor districts," says Susan Rupli, director, Group Practice Services. As a result, no matter where you practice, you can have a good sense of what other staff members in your area are earning — and how

Continued on page 3

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Bills, Laws & Rules

Legislative wrap-up: OSMA wins and still-to-wins

Overall, the OSMA had a successful year at the Statehouse, especially with the passage of the governor's Patient Protection Act and increased Medicaid reimbursements.

Legislators have returned home for the summer, and with little action expected at the Statehouse until after the November elections, now is a good time to look at what OSMA has been able to accomplish this year on behalf of the physicians and patients of Ohio.

Bills enacted

Patient protections... House Bill 4, Gov. Bob Taft's "Patient Protection Act," was actively supported by the OSMA. The new law has put in place a number of safeguards for Ohio's patients, including an external review process that enables patients to take disputes with insurance companies outside payer channels if necessary.

Increased Medicaid reimbursement... Medicaid reimbursement levels for providers received a significant boost this year, increasing by $34.6 million in fiscal year 2000, and by more than $90 million in FY 2001 for a total increase of $124.7 million over the biennium. The OSMA was instrumental in gathering support for this increase.

Tobacco settlement money... A significant amount of the money won by Ohio in the tobacco settlement suit will go to public health programs, including smoking cessation and prevention, thanks to the efforts of the OSMA.

Statewide trauma system... The state's most critically injured patients will now be taken to the closest trauma center, thanks to passage of House Bill 138. The OSMA supported this bill throughout its lengthy, and occasionally controversial passage through the Legislature.

Restricted nurse prescribing bill... Although Advance Practice Nurses (APNs) now have prescribing authority, the OSMA was successful in making the new law one of the most limiting in the country. "Significant protections were incorporated into the legislation," says Tim Maglione, director, Department of Legislation. Ohio, for example, is the only state to require APNs to serve a one-year externship before they prescribe, and the law limits the number of prescribing APNs which a physician can supervise.

Mandated benefits study... In the future, before insurers are required by law to mandate certain health-care benefits, an actuarial study will be conducted to determine the impact that the mandate will have on costs and other factors. That's the outcome of the passage of House Bill 221. The good news, here, is that the study will be an independent study, separate from insurers. The OSMA had this bill under advisement.

Alternative medicine... House Bill 90 allows physicians to employ alternative medical treatment, as long as the patient has provided informed consent, and the care is reasonable when compared to more conventional methods of treatment. The OSMA had placed this bill under advisement.

Birth defects registry... House Bill 534 establishes a birth defects registry within the Ohio Department of Health. Under the new law, physicians are required to report certain birth defects diagnosed in any patient 5-years-old or younger. The list of birth defects will be decided by the ODH director and an advisory committee.

Anesthesiology assistants... Senate Bill 278 calls for the licensure of anesthesiologist assistants. An attorney general opinion caused hospitals in northeast Ohio to forgo using the AAs until the bill became law. An emergency clause and swift action by the Legislature and the governor allowed the AAs to return to work.

Needlestick bill... Senate Bill 183 requires public employers of health-care workers to develop an exposure control plan incorporating the use of needleless systems and sharps with injury protection devices.

Still under consideration

Physician profiling bill... The good news, here, is that House Bill 475 has not passed the Legislature. This is the bill that proposes to make public the malpractice judgments, board disciplinary action, revocation of hospital privileges and similar information against physicians. The OSMA is actively opposed to this bill, and thanks primarily to the association's efforts, it has not yet passed into law.

Prompt pay... House Bill 684 proposes to amend the current prompt pay statute that has been found to be ineffective. Key elements of the legislation are:

1. health insurers will be required to pay clean claims within 30 days of submission;
2. interest penalties can be charged for claims that are not paid within the statutory time frame;
3. insurers are prohibited from "looking back" beyond a year on overpayments to providers;
4. strengthens the Ohio Department of Insurance's ability to penalize insurers who don't pay claims on time; and
5. prohibits insurers from contracting for longer than the allowed 30 days. The OSMA spearheaded this bill and actively supports it.

Joint negotiations... The OSMA still intends to press Congress to pass federal changes on relaxing the nation's antitrust laws to allow joint negotiations to take place between doctors and health plans. Meanwhile, the association supports House Bill 721, a "state action" bill which would allow self-employed providers to negotiate with insurance companies on matters of patient care and reimbursement.

Point-of-service... Two "hybrid" point-of-service companion bills (House Bill 584 and Senate Bill 163) have been introduced in the Legislature, each requiring insurers to offer a POS health plan. The bills restrict the pricing of these products beyond what is actuarially certified. The OSMA supports these bills. ■

Continued from page 1

your own staff compares. Benefits are also included, but these are presented on a statewide basis.

Colorful, informative charts make the information more appealing and approachable.

"This is information that has not been collected before on a statewide basis," says Rupli, who began to receive orders for the report long before the results were completed. "We learned that there is a real need for this kind of industry information."

While the report is as complete as survey responses allow, Rupli cautions that this is not a definitive study. Nevertheless, if you want to know what other practices in your area are paying their staff, and what kind of benefits they're offering, the new OSMA Wage/Salary Survey for Nonclinical Staff can provide a good portrait.

Copies are $15 for members, $50 for nonmembers and may be ordered by calling the OSMA Department of Group Practice Services, (800) 766-6762, Ext. 6775, e-mail: *groups@osma.org*. ■

Bills, Laws & Rules

In a nutshell: The trauma bill

Throughout the next two years, the statewide trouma system created by House Bill 138, will require thot hospitals be verified os ta their treatment level.

What the sponsor says: Rep. Bill Schuck (R-Columbus) wanted a more clearly delineated system of triaging critically injured people so they would visit the nearest hospital most able to meet their medical needs.

What the law does not do: The new law doesn't specify which ACS level of designation a hospital must attain; it's left up to the hospitals to decide.

What the law *does* do: In addition to setting up a statewide trauma system, the law also makes changes to the state EMS (emergency medical services) board, adding two members to the existing 17 appointments. At least three members must be physicians with emergency experience or know-how. In addition, the law establishes a trauma committee of 24 persons, mostly physicians, who will develop treatment protocols and establish a statewide registry, a database of trauma incidents and their resolution. Finally, the new system will allow critically injured persons to be taken to the nearest hospital for stabilization, and then be transferred to the appropriate level center as soon as practical.

What the OSMA says: The OSMA supported this bill throughout its lengthy passage. James Augustine, MD, an OSMA member who chairs the statewide subcommittee, says the new trauma law will allow greater consistency in trauma care for citizens and visitors to Ohio. Local hospitals will have to catalog their trauma receiving capabilities, so the EMS will know if they can treat or stabilize and reroute. The law, says Dr. Augustine, puts prevention in the spotlight, allowing the state to invest in more trauma research and education.

For more information: Contact Marla Eshelman Bump, OSMA Department of Legislation, (800) 766-6762, Ext. 6741. ■

— Yvonne H. Burry

Medical board report

Dieters' dilemma

Just when the weight begins to drop off, so does the prescription for diet pills. But the medical board won't budge from its 12-week limit.

Despite pleas from bariatric physicians, the State Medical Board of Ohio has refused to change its rule imposing a 12-week limit on prescriptions of diet pills.

Limits were set by the board in 1986 to curb abuse, and have stayed in place because board members believe no medical research exists that proves long-term use of diet pills is beneficial. However, the board did loosen the rule for those patients that are considered to be morbidly obese. Currently, morbidly obese patients must lose and maintain a weight loss of 5% of their total weight within a specific time frame. The board dropped the percentage requirement under the new rule. The patient's stay on the drug will now be determined according to the limitations in the rule.

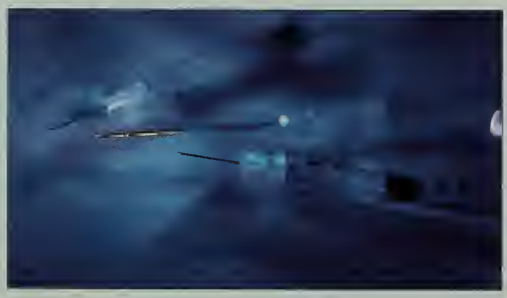
The OSMA position:

In May, the House of Delegates voted to adopt Resolution 42-00, which calls for the association to urge the medical board to accept obesity as a chronic disease, "requiring long-term treatment that should be determined and managed by the treating physician, and not by arbitrary limitations and mandates."

PA rules with restricted procedures list to be refiled

The medical board had approved a set of proposed rules regarding physician assistants (PAs) that included a list of medical procedures which PAs would be barred from performing. The rules were to be considered by JCARR (Joint Committee on Agency Rule Review), but the board decided to refile the rules.

Members of the Ohio Association of Physician Assistants remain opposed to the board's proposed rules because of the list of prohibited procedures. Lance Talmage, MD, a board member and past OSMA president noted that it would be better to consider all requests for procedures based on the PA's education, training, and competence to perform the procedure. ■



Bills, Laws & Rules

Court watch

HMOs win in recent court battle

A recent U.S. Supreme Court decision closes the door on future federal ERISA lawsuits that try to hold HMOs accountable for mixed medical/coverage decisions.

When an HMO rewards a physician with financial incentives, is the HMO breaching its fiduciary duty to make decisions that are in the best interest of patients?

According to a recent U.S. Supreme Court ruling, the answer is no — and that decision has closed the door on future federal ERISA lawsuits that attempt to hold HMOs accountable for medical coverage decisions that are made regarding access to health care. The ruling also protects the cost-saving incentives given by HMOs because, to rule against them, the court says, would effectively eliminate for-profit HMOs which were created to cut costs.

The Supreme Court's decision, however, does not eliminate the possibility that the patient could still file a malpractice suit in state court against an individual physician or against the HMO under other permissible legal theories.

The court's ruling relates to a lawsuit filed by an Illinois woman who says she suffered a ruptured appendix because doctors at her HMO were more concerned about money than quality care. Despite the loss of her case against the HMO at the Supreme Court level, the patient was awarded $35,000 in a malpractice suit she filed in Illinois.

It's up to Congress

With this latest ruling, the Supreme Court clearly indicates that Congress is the appropriate entity to create federal remedies for patients with regard to HMO liability.

Currently, a patients' rights bill is making its way through Congress, attempting to address the problem of HMO accountability, among other issues. At least in the House version of the bill, patients would be permitted to sue their HMO in state court if care is wrongly denied. The Senate version of the bill omits this provision. Both houses passed their respective bills, but rejected the forwarded bills. Both bills are currently in a conference committee.

The AMA and OSMA support a strong patients' rights bill, and favor including a provision giving patients the right to sue their HMO. ■

So long senator; good-bye rep!

Thanks to Ohio's term limits law, more than 40 new state legislators will be elected in November.

Now is the time for physicians and Alliance members to become involved in politics. Why? Because Ohio's term limits law is turning out a number of legislators who have been long-standing friends of medicine — and no one knows, yet, just how "friendly" their replacements will be.

That's where you come in. If the OSMA is to remain the key health-care lobby, physicians must become more involved in politics. The OSMA's legislative agenda is directly attributable to physician involvement. Strengthening the relationships between physicians and their representatives is a vital component of OSMA's continued success at the Statehouse.

The summer is an excellent time for physicians to meet with their local legislators and candidates for the General Assembly, and the OSMA can help facilitate these meetings. Department of Legislation staff members will arrange dates, places to meet in your hometown, and accompany you to the meetings. This year, the OSMA is asking physicians to present each candidate with a questionnaire to help determine the candidate's views on important health-care issues.

Answers to the questionnaire will be included in the upcoming *OSMA Election Guide,* which will be available soon. Answers to the questions will help you decide who is the best pro-medicine candidate for the job.

One way to improve the odds for medicine's favorite candidates is to join the Ohio Medical Political Action Committee (OMPAC). OMPAC contributes to the campaigns of those candidates/legislators who share the views of organized medicine and who understand the role of the physician in today's health-care marketplace.

Ohio Medicine will feature news on both the candidates and races as the election nears. In the meantime, the OSMA urges you to do *your* part by becoming involved in the political process. Join OMPAC, and set a date with a legislator. Then, come November, exercise your right to vote. ■

Take Action

To arrange a meeting with a legislator/candidate, or to join OMPAC, contact the Department of Legislation, (800) 766-6762, e-mail: *legis@osma.org.*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OSMA News

How can Ohio cut down its medical error rate?

An OSMA-OHA joint task force has submitted recommendations that include the development of a voluntary, confidential system for reporting medical errors.

When the Institute of Medicine (IOM) issued its medical errors report last November, the OSMA and the Ohio Hospital Association (OHA) formed a joint task force to study the issue and make recommendations to help prevent medical errors and continue to improve the quality of health care in Ohio.

The group determined that "adverse patient events" could be reduced through a voluntary, anonymous, confidential reporting system that focuses on system improvement rather than finger-pointing and punishment. This "safety initiative" would be organized as the Ohio Patient Safety Institute, falling under the umbrella of the Ohio Health Council, an existing organization formed by both the OSMA and OHA.

Establishing this reporting system is the group's priority one recommendation. Once information is collected and analyzed, the group says, it can be used to make recommendations for system improvements and designs for increasing patient safety.

Other recommendations include:

- Developing strategies for enhancing patient safety programs at each hospital.
- Developing a communication plan and educational programs for CEOs and providers.

- Seeking re-enactment of expanded peer review protection legislation to cover patient safety activities.
- Developing patient education information on the patient role in safety.
- Developing a Web-based site for communication and dissemination of best practices.
- Working to incorporate patient safety into curriculums of medical schools, nursing schools, and other professional programs.

The task force's recommendations, at press time, had been approved by the OHA and are pending for consideration by the OSMA Council. An update will be available on OSMA's Web site, so check the site regularly. ■

Take Action

If you have questions or would like more information about the task force's report, contact Almeta Cooper, JD, Division of Legal Affairs, (800) 766-6762, Ext. 6768, e-mail: *legal@osma.org*

OSMA notebook...

A roundup of association news

Living will project moves to hospice... The living will/durable power of attorney project which the OSMA has sponsored, along with the Ohio State Bar Association, for about four years, will now be given to the Ohio Hospice Association to monitor and handle. All requests for living will and durable power of attorney documents should be forwarded to them. **As a service to OSMA members,** the Department of Communications will produce updated versions of the brochure that explain the documents and where to send for them. You may distribute the brochures, as needed, to your patients. **It is important that you throw away the older living will brochures.** These brochures contain a defunct post-office box number. To order copies of the new, updated living will brochures, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #25-00. A supply will be sent to you.

New focus on education... This spring, the OSMA received the results of an extensive survey conducted last fall by the Accreditation Council for Continuing Medical Education. As an accreditor of continuing medical education, the OSMA received the maximum award of four years recognition with exemplary findings. As a sponsor of CME, the OSMA received the maximum award of six years accreditation with exemplary findings. This is the first time the OSMA received the maximum accreditation, which is awarded to fewer than 7% of all CME providers in the country. In wake of this successful survey, the OSMA will focus more of its attention, this fall, on education, possibly pairing with other agencies, organizations and business partners in an effort to become a leader in the health-care educational field. Keep watching *Ohio Medicine* for continuing updates in this expanding area.

Guidelines help make your practice more accessible... The OSMA has joined with the Ohio Department of Health to distribute the booklet *Barriers to Health Care,* designed to increase physicians' knowledge, awareness and skills in dealing with disabled patients. Included are helpful drawings and lists, including AMA requirements, that will help you improve services for people with disabilities. For a copy, contact: Olga Alvarez-Ott, Ohio Department of Health, 246 N. High Street, P.O. Box 118, Columbus, OH 43216-0118; Phone: (614) 728-2177; e-mail: *Oalvarez@GW.ODH.State.OH.US*

Membership book updated... The Department of Membership Services has updated the OSMA Membership book, which is distributed to all new members upon joining. If you would like to order a copy of this book, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #26-00. ■

President's Perspectives

The importance of politics

Walter J. Wielkiewicz, MD

If you've been watching the TV news, you know this is a presidential election year. While the race for the top political office in the nation is very important, there are many very important races here in Ohio.

This year, there is a chance to change the makeup of the Ohio Supreme Court. As you know, over the past few years, the court has produced many opinions which are activist in nature. Many of these were by four to three margins. Recall that current justice, Alice Resnick, wrote the opinion overturning Ohio's tort-reform law.

Many political observers agree that, by re-electing Justice Deborah Cook and electing Judge Terrence O'Donnell to the Supreme Court, a change would occur, promoting a more interpretive and less activist role of the Supreme Court in Ohio.

Another important series of elections are for the Statehouse. This year, due to term limits, we will be electing new people in almost one-half of the Ohio House seats, and one-third of the Ohio Senate seats.

Obviously, the senators and representatives in Columbus enact legislation that effect our practices and our patients each and every day. Therefore, it's important to elect men and women who agree with our philosophy.

This election year, I urge you to become involved in these races. You can help by supporting OMPAC or becoming involved in your local races for the Ohio House and/or Senate. I also urge you to become educated about the Supreme Court candidates, particularly Justice Cook and Judge O'Donnell. Look for more OSMA information on these Supreme Court races in a future issue of *Ohio Medicine.*

Once again, this year, OMPAC will produce an election guide early this fall to help inform you more completely about statewide races and candidates. Surely we, as physicians, have an obligation to do what is best for our patients, not only in the exam room, but also in the political arenas in Columbus and Washington, D.C. Politics *are* very important in the practice of medicine. ■

OSMA News

Back to school

Organized medicine has teamed with The Ohio State University to offer young physicians new educational opportunities not available in medical school.

Call it a win-win situation for organized medicine and for the house staff at the Ohio State University Medical Center (OSUMC).

Andrew Thomas, MD, Columbus, assistant medical director, OSU Hospitals, and immediate past chair of the OSMA residents section, led an effort to link the entire federation of organized medicine — the AMA, the OSMA, and, in this case, the Columbus Medical Association — with the medical center to fulfill some unmet educational needs for OSU's house staff.

"The three medical organizations bring to the table expertise in a set of issues around which we have created a strong lecture series," says Dr. Thomas. For one annual fee, OSU receives both the lecture series and a membership in each organization for each resident and fellow.

"Our goal," says Doug Evans, director of Membership Services for the OSMA, "is to complement and supplement the clinical training these young physicians receive."

Andrew Thomas, MD

Titled the *Introduction to Medical Practice*, the lectures provide backgrounds on topics that take young physicians by surprise when they get into practice, says Shar Wackman, an OSMA membership specialist. "By providing sessions on compliance, ethics and business topics, this educational program will greatly aid these young physicians as they transition into practice and will also help partially fulfill the Accreditation Council on Graduate Medical Education's (ACGME) institutional requirements for OSU Medical Center," she says.

More than 400 residents at OSUMC will be required to attend at least 10 hours of learning in this format during their three- to five-year residencies. Each of the nine programs (one includes two sessions) will be provided twice during the year," says Dr. Thomas.

Speakers will demonstrate some of the programs and services that originate from organized medicine. And while their presentations will be objective and not a sales pitch, the presenters will have opportunities to discuss the role their organizations play in the world of medical practice.

"The presentations will be available to fellows and other physicians and can be attended for CME credit," Evans notes. Wackman says the OSUMC program is designed to model face-to-face online or video modules that could, eventually, be available to medical schools and training hospitals around Ohio. An ongoing evaluation process will monitor program effectiveness and provide suggestions for improvement. ■

— Yvonne H. Burry

What will be taught

- Medical/legal issues
- Impaired physicians
- Quality/performance management
- Risk management
- Medical ethics
- Compliance
- Evaluating/negotiating an employment contract
- Health-care financing (two sessions)
- Cultural competence

Federation of Medicine

AMA Report

Results of Ohio resolutions at AMA Annual Meeting

By Hermon I. Abromowitz, MD, member, AMA Boord of Trustees

Six of seven Ohio resolutions were adopted by the AMA at its Annual Meeting in June; one was referred to the board of trustees. Two more Ohio resolutions will be brought to the AMA Interim Meeting in December.

By Hermon I. Abromowitz, MD,

The Ohio delegation to the AMA submitted seven resolutions to the AMA House of Delegates in June 2000, and six of the resolutions were adopted in some form, either as part of a report, as substitute resolutions, or as amended resolutions. This list includes Ohio Resolutions 26-00, Home IV Antibiotics for Medicare Patients (which reaffirmed existing AMA policy on this subject); 16-00, Opposition to Mandatory Pill Splitting; 30-00, Early Detection of Prostate Cancer; 43-00, Genetic Manipulation of Food Products/Consumer's Right to Know; 37-00, Peer Review Reform; and 14-00, Automatic E/M Downcoding/Recoding by Managed Care is Fraudulent. The seventh resolution, Ohio Resolution 05-00, dealing with the Medical Student Section, was referred to the AMA Board of Trustees. In December, at the AMA's Interim Meeting, two more Ohio resolutions will be considered: Ohio Resolution 48-00, to amend the Family Leave Act, and Tax Relief for Health Insurance, Ohio Resolution 52-00. In other business at the AMA meeting, Randolph D. Smoak, Jr., MD, South Carolina, was inaugurated as president of the AMA; and Nancy H. Nielsen, MD, New York, was elected vice speaker of the AMA House of Delegates. The AMA House's Immediate Past Speaker Richard H. Corlin, MD, California, was elected president-elect. Also at the meeting, the AMA rolled out its model managed-care contract to help physicians better understand the types of provisions that are likely to create problems if not properly drafted, or addressed during contract negotiations.

For further information on the AMA Annual Meeting, I urge you to talk to the undersigned, to any member of the Ohio delegation, or to Ohio delegation chair, Walter A. Reiling, Jr., MD.

House passes Campbell bill... The

U.S. House has passed the Campbell bill, which brings physicians one step closer to the process of joint negotiations. The goal of the Campbell bill is to let physicians and other health-care providers join together for a more level playing field when negotiating with the HMOs and other managed-care plans by creating an exemption in the federal antitrust laws. Both the AMA and the OSMA actively support this bill as the best solution toward allowing joint negotiations, but on the state level, Reps. James Trakas and Jerry Krupinski have introduced a bill, House Bill 721, that modifies antitrust laws in Ohio, and, if passed, would allow physicians and others to negotiate patient care issues with insurers. The OSMA supports this bill. Watch the OSMA Web site and future issues of *Ohio Medicine* for updates on this subject.

Patient bill of rights still stalled... The AMA has noted time is running out for the U.S. Senate to produce a meaningful patients' bill of rights, and is urging physicians and patients to contact their legislators and urge them to pass the bill now. To locate your legislator, log onto the OSMA Web site, and follow the directions under "Find your Legislator" on the home page.

I feel honored and privileged to serve the physicians of Ohio and the physicians of America on the AMA Board of Trustees. In June, at the AMA Annual Meeting, the Ohio State Medical Association and the Ohio delegation to the AMA proudly announced my candidacy for re-election to another term on the AMA Board of Trustees.

As always, if you would like to discuss any AMA issue with me, please don't hesitate to contact me at (937) 228-8165, or e-mail: *herman_abromowitz@ama-assn.org.* ■

Practice Tips

Me? Negotiate a managed-care contract?

Don't think MCOs won't budge at contract time. Here are four things you can do before you sign on the next dotted line.

If you don't ask, you won't get. When it comes to negotiating your contract with a managed-care organization (MCO), Isaac Schulz, JD, chair of the Health Care Law Group for the law firm Ulmer and Berne LLP, offers the following tips: (From the law firm's Spring 2000 issue of *Business and Tax Law Letter.*)

1. Create leverage for yourself.

What makes your practice desirable to the MCO? What lifts you above the average practice? It could be high patient satisfaction, a unique geographical location, availability to patients, a reputation among referring doctors, a willingness to assume economic risk. Find something to differentiate your practice and convince an MCO you will add value to its product.

2. Find out all you can about the MCO.

You must not only ensure you're dealing with a reputable and financially secure entity, but also one that delivers on its promises. Focus, especially, on the particular product line or lines for which you'll be providing service. How do you learn what you need to know? Call other providers on the panel and ask about their experiences with the MCO. Talk to the Ohio Department of Insurance, the MCO's medical director, plan subscribers. Go on the Internet and find out what you can there. Call the *Ohio Medicine* reader response line at the OSMA, (800) 766-6762, Ext. 6580 and ask for the latest copy of its HMO financial stability report, or check out the report on the members-only section of the OSMA Web site, *www.osma.org.*

3. Read the contract.

Pay attention to these items: the MCO's financial strength; marketing strategies; organizational make up; patient verification and referral authorization procedures; utilization; quality review and grievance procedures and requirements; claims submission procedures and claims payment history. In addition:

The heartbeat of contract negotiations begins with becoming fully informed about the plan, and determining the value you bring to it.

- **Assess the quality of the provider panel.** The reputation of the panel's providers may determine its success — and your success in enhancing *your* patient base. Is the panel composed of less-than-reputable physicians? Is there a thinness in certain specialties? Does it include below-par facilities? If so, it may not be worth your reputation to join such a panel — just to get a few more patients through the door.

- **Assess the demographics of the subscriber base.** What's the level of medical risk of the MCO's population for which you'll provide services? If the patients are older or sicker, you may want to insist on some adjustment to the fee schedule. If you're capitated, determine your own profitability and how anticipated utilization will affect that profitability — and negotiate con-

Third-party news

PacifiCare pulls out of Ohio... PacifiCare Health Systems, Inc., announced June 14 that it plans to end operations of its HMO and other managed-care health plans serving Ohio and Kentucky, affecting approximately 54,400 members in its commercial HMO, PPO, indemnity and self-funded programs, as well as 6,300 members of Secure Horizons, the company's Medicare+Choice plan. PacifiCare's contracts with 35 hospitals and 2,000 medical practices in Ohio and Kentucky will remain in place. Physicians and hospitals in the network are reminded that they should continue to see their PacifiCare and Secure Horizons patients as usual. A transition agreement has been entered by PacifiCare with Anthem Blue Cross and Blue Shield, permitting Anthem to provide comparable health-care coverage for commercial members affected by the departure. The transition will proceed over the coming months, with PacifiCare's exit finalized by Dec. 31, 2000. Physicians with questions may contact the PacifiCare of Ohio customer service center at (800) 824-0428 Monday through Friday, from 8 a.m. to 5 p.m. The customer service center for Medicare+Choice plan, Secure Horizons, can be reached Monday–Friday, 8 a.m. to 5 p.m. at (800) 838-6017.

Central Benefits rescinds post-payment audit... Central Benefits Mutual Insurance Company has decided to discontinue the post-payment audit it had outlined previously for Evaluation and Management charges. The insurer's decision was prompted, in part, by pressure from OSMA and physicians who called and urged the company to stop the practice. Physicians who have received requests from Central Benefits for additional information for these audits may disregard the requests. Central Benefits is not notifying physicians who may be affected by this action of its decision. The OSMA is providing this notice as a service to members and other Central Benefits providers. If you have questions, contact Jennifer Hyle, Department of Ombudsman Services, (800) 766-6762, Ext. 6757, e-mail: *jhyle@osma.org.* ■

tractual protections against major variances of a promised patient base.

- **Assess the scope of services you're expected to provide.** Determine what services you're expected to render, especially in risk contracts, and carve out procedures and treatments that you seldom provide or that will increase your cost. Make sure, too, that other panel providers can't "cherry pick" the less costly, less difficult cases. And determine what the MCO is willing to do about outliers (i.e., will it help you obtain stop-loss insurance, or carve out outliers or a portion of the cost from the capitation risk?)

4. Watch out for traps.

Be sure the managed-care contract doesn't require you to provide services for product lines of the MCO that you know nothing about. Watch for language that forces you to give up a profitable product line if you end a losing one. Avoid language that places the cost burden on you if you can't get timely or accurate verification on an enrollee. Try to negotiate a "medically necessary" definition that limits the MCO's ability to interfere with your professional judgment. Make sure you can easily and quickly extricate yourself from the plan when payments start to come late. Don't agree to indemnify or hold the MCO harmless from any liability, even if such indemnity is mutual.

Investigate. Negotiate. And if you have any questions, contact your attorney before signing on the dotted line. ■

Take Action

The OSMA offers its members a contract review service. More than 200 different managed-care provider contract analyses are available. For a list, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #27-00.

Practice Tips

Your Practice Guide

Which staff position is the

The OSMA recently learned that o good office receptionist is difficult to come by. Here's why...and how you con recruit one if the time comes.

The practice receptionist/frontdesk clerk is the hardest position to fill, says one-third of the respondents to a recent OSMA Group Practice Services study. And, from more than 320 responses, more than one-half of the respondents had filled those positions *last.*

The length of time the positions had been open varied from one week to eight months, with just over five weeks the average length of the "receptionist/ front desk clerk" vacancies.

"Whatever position I'm currently trying to fill probably feels as though it's the most difficult to fill," says Mary Ann Lach, practice administrator for Gem City Urologists in Dayton. "However, the front desk people and schedulers — the check-in and check-out people — are probably the hardest to fill with the right people. They must be able to think on their feet, deal with sick and stressed people in-person and by phone, and remember a lot of detailed information, while remaining pleasant and friendly."

Why it's tough to hire

Insurance requirements alone, such as participating physicians and coverages, referrals, co-pays and signatures, would be more than enough to deal with, Lach says. Billing and medical file specialists also deal with these issues, but have more time to think about each situation.

"Receptionists and schedulers also must know each physician's individual style of practice, such as how much time they want with a patient, or if they don't want new patients back-to-back. And they need to be very comfortable with the office computer system, or their functions will bog down, patients will back up, and errors will occur," Lach continues.

The second most frequently mentioned hardest position to fill was "billing/coding/insurance specialists," from about one-quarter of tbe study respondents. Fewer than 10% chose "transcriptionist," and lower-frequency responses included "medical/physician secretary" and "manager/administrator."

Where to find candidates

According to the OSMA study, most practices use local newspaper advertis-

hardest to fill?

ing, at least to fill nonclinical positions. Other resources include word-of-mouth or staff referrals, affiliated-hospital human resource departments, employment agencies, the Internet, job fairs, and signs. Of course, internal movement is also an option, which probably opens up another position vacancy.

Lach has found that word-of-mouth is her best source of qualified, nonclinical candidates. Queries to colleagues, staff members, and school placement offices have paid off. "And timing is everything," she says. "Hiring a short-term medical assistant or medical office clerical apprentice or intern from a technical school, community college or joint vocational school gives the student, and you, a chance to test the match before making a long-term commitment upon graduation."

She will also place ads in local newspapers or use local employment agencies. "Although an agency can be pretty expensive, and candidates aren't always screened as well as we would like, to justify the fee," she notes.

"In today's tight job market, candidates' expectations have risen. When they see signs for new-hires at Wendy's being offered $8 per hour, you know you're going to be asked for more money. In addition to watching our overall budget, we also have to be careful, internally, to keep new-hires' compensation package in-line with those of current employees."

Retaining employees

Employee retention is helped somewhat by pension and profit-sharing plans, vestment and vacation-time accrual. But if the employee's personality and skills aren't well-matched with the style and pace of the practice, neither the employee nor the practice will benefit.

"Length of tenure will vary, depending on many factors," says Lach. "But generally, if a younger or less-experienced person has stayed for two years, they will stay for a long time. More experienced workers will know if it's a good match sooner, and, if they stay, it tends to be for a long time."

OSMA Director of Group Practice Services Susan Rupli says the study appears to indicate that the critical receptionist/frontdesk clerk position is sometimes filled with temporary or part-time employees, and sometimes their work hours are outside of first-shift. These factors may suggest lower compensation and/or benefit packages, which could contribute to lower employee loyalty and quicker turnover — factors that significantly affect the efficiency of a practice. High turnover may be attributable to hiring people with no medical practice background, and inadequate training for a successful job. ■

— Carol Larimer

Take Action

Need information on what to pay your staff...and what your competitors are paying? The OSMA has just published a wage/salary study that reports the earnings of Ohio's nonclinical personnel. For more information about the report, or to order a copy, contact Susan Rupli, director, Group Practice Services, (800) 766-6762, Ext. 6775, e-mail: *srupli@osma.org*.

Practice Tips

Your Practice Guide

Practice savers

Electronic efficiency

One practice administrator has found that both e-mail and the Internet increases office efficiency in a number of ways.

If you're looking for ways to increase the productivity and efficiency of your office, look no further than your office computer. Ruth Linne Lander, FACMPE, practice administrator for Columbus Oncology Associates, Inc., offers the following tips for taking full advantage of your practice's electronic capabilities:

- The Medicare professional relations department responds to e-mailed general reimbursement questions.
- Group health insurance invoicing and payment are handled by e-mail and automatic deduction. In all cases, a dispute period exists and queries can be made via e-mail or phone.
- Each leading employee candidate that we're considering is screened with the Kolbe Concept personal index system to make sure they're well-matched with a particular job description. Our Kolbe online account gives us almost immediate results, and our corporate credit account is automatically debited each time we use the index.
- E-mails with attachments are a terrific networking tool for staying in touch with colleagues around the country. It's also helpful in scheduling local meetings with our attorney and accountant.
- E-mail is a great way to get information to our physicians, including our new doctor who's still in fellowship at OSU.
- In collecting fees, our collections staff person uses several free, online sites recommended by our collection attorneys to find the most current addresses for former patients. This research has often resulted in collections remaining in-house, rather than being forwarded to the collection attorneys.
- All patient drugs are purchased online (DEA certificates are on file with the sources.) All of the major drug companies are online. I use only one Web site at this time. I do use another distributor as well, but their Web site needs improvement, so every day I e-mail them an order on an Excel spreadsheet. E-mail order confirmations come from both distributors within minutes.
- I use online travel sites to identify flight options beforehand, and get physician approval without numerous callbacks to our travel agent.
- I send a password-protected Excel spreadsheet to the 401K and pension plan administrator in Minnesota once per month, updating enrollee information and deposits.

Ohio Medicine periodically prints "Practice Savers" as a service to group practice managers and office administrators. If you would like to share a practice management tip with your colleagues, please contact Karen Edwards, director of Member Communications, (800) 766-6762, Ext. 6752, or e-mail: *kedwards@osma.org.* ■

Continued from page 1

At the July meeting, providers presented the OAHP with the draft of a voluntary policy directive that would be distributed to all OAHP members if approved. The directive asks for OAHP to recommend that all health plans:

1. Immediately stop making adjustments or corrections to providers' accounts in connection with "kickbacks;"
2. Provide written "proper notice" to the provider of any reimbursement "takeback;"
3. Voluntarily adhere to a specific definition of "proper notice;"
4. Limit themselves to seeking reimbursement on any error in reimbursement ("takeback") to no more than one year from the date of the original payment.

At press time, the OAHP is still considering the proposal, and is expected to report its feedback to the provider group this month. Watch the OSMA Web site, *www.osma.org* for continuing updates on this subject. ■

Take Action

If you have questions, comments, or would like more information about the voluntary directive regarding takebacks, about the meeting or any of the topics outlined above, contact Todd Baker, OSMA Medical Economics and Advocacy, (800) 766-6762, Ext. 6734, e-mail: *tbaker@osma.org*.

Provider group coalition

Representatives from the following organizations have entered discussions with the Ohio Association of Health Plans on key reimbursement and other issues.

Ohio State Medical Association
Ohio Osteopathic Association
Ohio Dental Association
Ohio Optometric Association
Ohio State Chiropractic Association
Ohio Psychological Association
Ohio Pharmacists Association
Ohio Clinical Social Work Society
Ohio Emergency Physicians Association
Academy of Medicine of Cleveland/ Northern Ohio Medical Association
Ohio Podiatric Medical Association

Practice Tips
Your Practice Guide

Digging up drug warnings

The Web may be your best source for the latest news on medications.

Many pharmaceutical companies have Web sites where you can find the most up-to-date, FDA-approved information on the drugs they manufacture. Any search engine will help you locate the Web site of a pharmaceutical company you want to find.

Meanwhile, here are some other good sources for checking out drug warnings:

FDA sites

- MedWatch at *gov/medwotch.*
- Center for Drug Evaluation and Research at *www.fda.gov/cder.*
- Center for Biologics Evaluation and Research at *www.fda.gov/cber* You can subscribe for free automatic daily or weekly updates via e-mail from the CBER, at *www.fdo.gov/cder/cdernew/listserv.html*

Other sites

- *United States Phormocopeia Dispensing* at *www.usp.org/informotion/index.htm.* This is a practical, peer-reviewed source covering more than 11,000 generic and brand-name drugs. It is available in hard copy, plus monthly online updates to subscribers, or available entirely online.
- Drug Facts and Comparisons at *www.fandc.com/products/dfc/reissue2.asp.* A binder is also available now on one monthly CD.
- *American Hospital Formulary Service Drug Information 2000* at *secure.ashp.org.* This exhaustive coverage includes unlabeled uses, and is published every January. It is available in hard copy, CD-ROM or online.
- Medscape at *www.medscape.com/druginfo.* The online Medscape has combined the AHFS database with the National Drug Data File from FirstDataBank, which includes patient education handouts. ■

— Carol Larimer

Develop a compliance plan

Step 3: Delegate authority
Take due care when delegating responsibility — then hold your staff accountable for the duties assigned.

It's a failure made in too many medical offices. You hire and train the right team, assign them responsibilities, then fail to hold your staff accountable for the duties assigned.

Part of any compliance plan, however, is having a staff who is not only familiar with all the regulations that relate to their duties but who will follow those regulations as well. Expect nothing less.

There are simply too many government regulations these days for you — or any member of your staff — to assume the burden of responsibility for *all* of them. It's far more practical for each staff member to become proficient in the regulations that govern his or her area of expertise, and to make sure, of course, that those regulations are being followed.

That may mean, however, that you will need to place greater care in screening your applicants *before* they're hired. Before an employee comes on board in your practice, make certain that they know what will be expected of them, and that *you're* comfortable they can handle the job. If your staff is already in place, take due care to delegate authority appropriately. It's a matter of knowing your staff, their strengths and weaknesses, and the kind of responsibility each can handle.

As with any part of a compliance plan, it's important to show your compliance with each step —so don't forget to document *who* in your practice has been delegated responsibility for *which* regulations. ■

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Practice Tips

Your Practice Guide

Dealing with the angry patient

Kathy White Jefford, associate administrator of Excel/ENT Physicians of Columbus, has seen her share of angry patients.

"Our most frequent complaints are about long waiting times," she says. Front office staff are trained to keep patients informed, and give them alternatives if the anticipated wait is longer than one-half hour. Alternatives might include rescheduling or stepping across the street for a snack.

"The second most frequent complaint area is billing. Especially under managed care, explanations aren't easy. For instance, we're allowed different coverages with different carriers, a concept that's unusual for most people," Jefford says.

To help avoid billing problems, payment policies should be posted and appear in a new-patient brochure, she suggests.

Why *bills are high*

Jefford might tell those complaining about bills that "We strive to keep fees down" or "Fees are in-line with the practice specialty and locations." It's a good idea, however, to take credit cards and let your patients know you take them.

Also, keep your patients informed as much as possible. Tell them, upfront, that additional, noncovered services are the patient's responsibility, and those charges are usually payable at the time of service.

"We participate with numerous insurance companies," Jefford says, and they make a point to know the particular carrier of a patient who is unhappy about a bill, as well as the details of the case.

"Give itemized bills," Jefford says, "and do submit for patients with participating carriers."

Even in a large group practice like theirs (14 physicians and 70–80 employees in eight central Ohio locations), the incidence of an outraged patient is about once every three months, Jefford estimates. She asks the physicians and staff to hand difficult situations off to her. She handles these according to her "Seven Steps" rule (see separate story). For especially difficult problems, she keeps notes of the incident in an office file — but not in the patient record.

"I believe in the Continuous Quality Improvement concept," Jefford says. "Learn from your mistakes, and patients' shared observations."

Training important

Training staff is especially important, she adds. "If an attitude problem is perceived by the patient, the situation may require special internal training or advising. If an attitude problem is really not resolvable, the staff person may be in the wrong position, or could be moved to another office.

At this group practice, staff is required to attend at least one formal training event per year. "One of my goals," says Jefford, "is to include a patient-problem solving section during each monthly office meeting. And we've established a regular column on this on-going challenge in our internal newsletter."

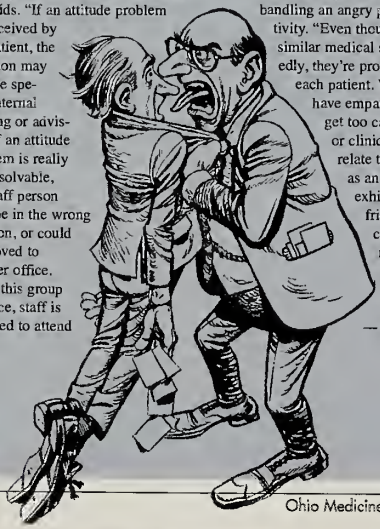
However, she notes, the patient isn't always right. "I will stand up for staff members when appropriate," she says.

Physician problems

If a physician is the source of the problem, the challenge for the office administrator can be doubly hard — depending on the physician and the problem. For instance, if a physician is intentionally and chronically late, staff need to recognize this is impossible to change and inform the waiting patients without blaming the physician.

Perhaps the greatest solution to handling an angry patient is sensitivity. "Even though we've seen similar medical scenarios repeatedly, they're probably new to each patient. We need to have empathy and not get too casual, calloused, or clinical. We need to relate to each patient as an individual, exhibiting warmth, friendliness and caring — no matter what the patient may be feeling." ■

— Carol Larimer



Seven steps for handling angry patients

The following comes from Kathy White Jefford, COO/ Associate Administrator, Excel/ENT Physicians, Columbus.

1. Listen. Just let the angry patient vent; rarely interrupt even to clarify something. Allow them to get it all out.

2. Focus. Focus intently on what they're saying; if you're on the phone, take notes.

3. Make eye contact. Really look at the person while maintaining an appearance that doesn't convey an opinion; just be open to accepting their comments. With apologies to comedian George Carlin, remember, "DILLIGAD: Do I Look Like I Give a Damn?"

4. Ask for clarification.

5. Apologize. Apologize for the problem...for ruining their day...but do it without placing blame on any party.

6. Acknowledge and reiterate the problem. Take responsibility. Thank the patient for bringing the problem to your attention.

7. Try to resolve the problem. Make amends if possible — and explain. Give any explanation that's available to you at this point. If applicable, assure them that you'll get more information. If appropriate, assure them that their comments will make a difference in the future. And make sure they do. Unhappy patients tell 10 to 20 others, and don't come back.

Colleagues

JAMES J. ANDRASKO, MD, FACS, Lorain, Ohio, recently received a three-year appointment as cancer liaison physician for the Hospital Cancer Program at Community Health Partners. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons.

RONALD C. AGRESTA, MD, Steubenville, Ohio, was elected to serve a one-year term as vice president of the Federation of State Medical Boards of the United States, Inc., during its recent annual meeting in Dallas. Dr. Agresta is in private practice in Steubenville, specializing in ophthalmology.

JAMES F. KING, MD, Canton, is endowing a chair at his alma mater, Saint Louis University. The James F. King, MD, Chair in Gastroenterology is made possible by a generous gift of $1.5 million by Dr. King. A gastroenterologist practicing in his native Canton. Dr. King has been lauded as one of the best physicians and endoscopists in the United States.

JOY D. LEVERICH, MD, FACS, Wilmington, Ohio, recently received a three-year appointment as cancer liaison physician for the Hospital Cancer Program at Clinton Memorial Hospital. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons.

ROBERT L. RUBERG, MD, Cincinnati, chief of plastic surgery at The Ohio State University Medical Center and at Children's Hospital, Columbus, has been elected to a two-year term as chair of the residency review committee for the Accreditation Council for Graduate Medical Education (ACGME).

HAI-SHIUH WANG, MD, Youngstown, Ohio, for a term ending May 1, 2009 to the Youngstown State University Board of Trustees. Dr. Wang is a practicing physician specializing in ophthalmology and is president of Eye Care Associates, Inc.

Portrait

The Korean-American Medical Association spans two generations and many internotionol borders.

Originally formed in the 1960s, the Korean-American Medical Association assisted immigrants from Korea with medical degrees to obtain their license to practice medicine in the United States, as well as helped with immigration, housing and language barrier issues.

The association has grown to 3,000 members and holds a scientific meeting once each year. The annual meeting allows for an exchange of medical information, as well as an opportunity for physicians who emigrated from Korea years ago to interact with first generation Korean-American born physicians and medical students.

"The association receives strong support from Korean medical school alumni who help provide scholarships for Korean-American medical students," says Su-Pa Kang, MD, past president of the OSMA, and a member of the Korean-American Medical Association in Toledo.

While the association does not have a political agenda, Dr. Kang believes they should develop one. "It's my personal opinion that we strongly need a political agenda concerning the health care of all people," says Dr. Kang.

As president of the OSMA, Dr. Kang encouraged Korean physicians to join mainstream medical organizations, like the OSMA. "Mainstream organizations give physicians a broader means to voice their concerns regarding medicine and health care," Dr. Kang says.

Each state also has its own regional chapters and events. The Korean-American Medical Association of Northeast Ohio has an annual summer golf outing as a scholarship fundraiser for medical students of Korean descent. "We're hoping to expand our scholarship fund to include denistry and nursing students," says Cban Park, MD, president of the Northeast Ohio chapter.

Once a year, the Northeast Ohio chapter volunteers its time and services to help the Korean Elders Association. Medical stations are set up in a community church where the elderly can receive blood pressure, cholesterol, and blood sugar checks, in addition to other preventive examinations.

The chapter also makes financial donations to the Korean-American Association of Greater Cleveland, the Cleveland Free Clinic and homeless shelters. This year, they plan to expand their medical aid beyond U.S. borders. A medical mission with physicians recruited from Ohio and New York will travel to a rural area in Mexico. ■

— Pamela J. Willits

Obituaries

JACK ARNOLD, MD, Bucyrus, OH, Hahnemann Medical College of Philadelphia, Philadelphia, 1937; age 89; died May 27, 2000.

NARENDRA K. BADJATIA, MD, FACS, Canfield, OH, Mahatma Gandhi Medical College, Indore University, Indore Madhya Pradesh, India, 1963; age 58; died June 1, 2000.

A.V. BLACK, MD, Florida, Ohio State University, College of Medicine, Columbus, OH, 1938; age 86; died June 11, 2000.

JOHN Q. BROWN, MD, Columbus, OH, Ohio State University, College of Medicine, Columbus, 1936; age 90; died June 1, 2000.

GEORGE E. BRUGGEMAN, MD, Dayton, OH, Ohio State University, College of Medicine, Columbus, OH, 1956; age 70; died June 4, 2000.

BELDEN D. GOLDMAN, MD, Shaker Heights, OH, Case Western Reserve University, School of Medicine, Cleveland, 1950; age 76; died June 8, 2000.

R. SCOTT HEATH, MD, Cincinnati, Ohio State University, College of Medicine, Columbus, OH, 1973; age 52; died June 8, 2000.

HENRY E. KRETCHMER, MD, Longboat Key FL, Ohio State University, College of Medicine, Columbus, OH, 1937; age 89; died May 27, 2000.

CHARLES THOMAS KUNESH, MD, Dayton, OH, Medical College of Wisconsin, Milwaukee, WI, 1963; age 67; died June 15, 2000.

FREDERIK H. MILLER, MD, Monroe, OH, University of Michigan, Medical School, Ann Arbor MI, 1930; age 93; died May 19, 2000.

ALFRED G. RUNNER, MD, Maumee, OH, Ohio State University, College of Medicine, Columbus, OH, 1950; age 84; died June 13, 2000.

ROBERT SLEMMER, MD, FACS, Cincinnati, Hahnemann Medical College of Philadelphia, Philadelphia, 1933; age 90; died May 27, 2000.

SIGISMUND VECHEY, MD, Florida, Medizinische Fakultaet der Ludgwig Maximilliams Universitaet, Muenchen, Bayern, Germany, 1948; age 78; died April 30, 2000.

HOWARD BIERLY WEAVER, MD, North Canton, OH, Rush Medical College, Chicago, 1931; age 97; died June 7, 2000.

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- Francis Bacon

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A Publication of the Ohio State Medical Association

Ohio Medicine

September 2000

What you need to know...

Total Health Care in rehabilitation... The Ohio Department of Insurance (ODI) has placed Total Health Care, a Cleveland-based Medicaid HMO, in rehabilitation, and will assist the company in selling its assets. The rehabilitation order affects about 25,000 enrollees in Cuyahoga, Franklin, Summit, Stark and Lorain counties. Although the department has taken over the plan's operations, Medicaid services are expected to continue uninterrupted during the rehabilitation period. Financial statements filed with the ODI this year showed that Total's assets exceed its liabilities, but the department proceeded with the rehabilitation order, and will continue to assess the company's financial condition.

New "Legislative Update" program available... Hospitals, county medical societies, and large group practices can take advantage of a new "Legislative Update" program that is offered by the OSMA, and designed to familiarize attendees with legislative and Supreme Court candidates. The program's sponsor may choose one of two agendas: 1.) a 30-minute program, which includes a 20-minute legislative presentation by OSMA staff, and a 10-minute question-and-answer period; or 2.) a 60-minute program that adds a 20-minute presentation by a key legislator. For more information about the program, or to schedule a presentation, contact the OSMA Department of Educational Services, (800) 766-6762, or e-mail: *education@osma.org.*

Tips for your practice

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Is the time right for expansion 18
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Who pays when the patient is bankrupt.....20

Council pushes ahead with new OSMA vision

Focus on professionalism will now be joined by a new emphasis on practice management guidance.

OSMA Council cleared the way in July for the association to proceed with further investigation into five health-care related business ventures that would heighten the OSMA's ability to respond to member needs. The OSMA has always been an organization where the focus has been on professional representation and service. That function will continue, but because the managed-care environment has made the practice of medicine a competitive and more complicated business, the OSMA proposes to add guidance and assistance to its members in the practice management arena.

OSMA staff is currently gathering data, examining the market, and writing business plans to determine the feasibility of providing:

1. Practice management consulting;
2. A medical staffing service;
3. An OSMA portal on the Internet;
4. A legal services firm; and
5. Expanded educational offerings in a variety of areas, including CME.

Staff is examining both the possibility of offering these services on its own, and partnering with existing businesses.

Business plans as well as timelines for each of the five services are now being developed.

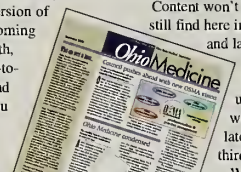
"We believe the OSMA occupies a unique position in the marketplace and also in organized medicine," says Mark Jarvis, Division of Finance and chair of a staff-driven expedition task force charged with examining for-profit possibilities for the association. "Our job now is to determine whether or not this is a feasible direction for the OSMA to take in the future."

At the July meeting, councilors expressed enthusiasm over the prospect of a new vision and new mission for the association, and will examine the business plans developed by staff at their November meeting. ■

Ohio Medicine condensed

The monthly tabloid is about to become even more streamlined — to save you time.

A new, streamlined version of *Ohio Medicine* is coming your way next month, filled with all of the up-to-date legislative, legal and reimbursement news you look for each month. The publication will only seem smaller because advertising will be dropped and stories will be trimmed so that you receive just what you need to know when you need to know it. When available, readers will be referred to the OSMA Web site or to the *Ohio Medicine* reader response line for more information on a topic.



The condensed version of *Ohio Medicine* comes as the result of a communications survey conducted this summer by the OSMA Division of Public Affairs. Although the survey indicated that members like *Ohio Medicine*, they struggle to find the time to read it — along with dozens of other communications that land on their desk each month.

Content won't change much. You'll still find here information on bills and laws, rules, medical board activities, Medicare/Medicaid updates, and a "market watch" that tracks the latest managed care/third party news.

We hope you'll like it. We hope you'll read it. And we hope you will let us know your opinion of the new format after trying out an issue or two. ■

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(614) 527-6762 • (800) 766-6762

Bills, Laws & Rules

HealthFirst providers: File claims within the next six months

Physicians on HealthFirst's provider panel will have six months to file proof of claims against the HMO which was issued an order of liquidation by the Franklin County Court of Common Pleas July 24. Providers will likely fall in Class 5 of nine classes of claimants. (Every claim in each class is paid in full before members of the next class receive payment.)

Class 5 claims will be paid on a pro rata basis. At present, the liquidator anticipates that Class 5 claims will be paid somewhere between 35–85%. The Ohio Department of Insurance (ODI) believes that the earliest that Class 5 creditors can expect payment will be in the spring of 2001.

If you have outstanding claims, your office should have received a communication from the liquidator in August. After receiving the order, you should complete your proof of claim form and file it by the end of the year. ■

Take Action

If you have questions, or would like more information regarding HealthFirst, please contact the OSMA Medical Economics or Legal Departments, (800) 766-6762, or (614) 527-6762. You can also communicate with staff via e-mail at *tbaker@osma.org* (Todd Baker) or *legal@osma.org.*

Supreme court races are vital this year

Disappointing decisions, like the one that overturned tort reform, is why more attention needs to be paid to this race than ever before.

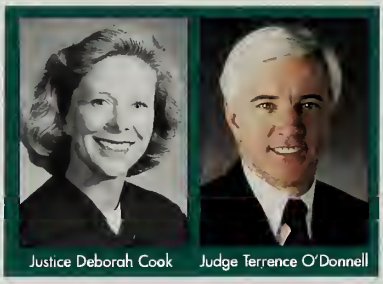
Because the Ohio Supreme Court plays a critical role in Ohio, it has become more important than ever for OSMA members to take an active role in the approaching court elections.

In November, Ohio voters will be asked to elect two members to the Ohio Supreme Court. For medicine, the choice comes to this: either allow Supreme Court justices to continue making laws from the bench, or choose to take a stand in favor of justices who will use their position on the court to render fair and impartial interpretations of Ohio law.

While it may seem that the Supreme Court is a long way from medicine, the decisions that are made in the highest state court have far-reaching impact on your practice. It's up to you to voice your opinions in November.

Judge Terrence O'Donnell is challenging incumbent Justice Alice Robie Resnick. It was Justice Resnick who wrote the majority opinion to overturn tort reform — legislation that the OSMA, working in cooperation with a coalition of businesses known as the Ohio Alliance for Civil Justice — had worked hard to support.

Justice Deborah Cook is running for re-election. She has demonstrated, over the last five years, that her decision-making is balanced and well reasoned. ■



Justice Deborah Cook Judge Terrence O'Donnell

OSMA election guide available soon

For months, OSMA staff and interested physician members have met with candidates for the Ohio General Assembly. As part of the meeting, candidates were asked to complete a questionnaire that was developed by a coalition of health-care groups and designed to help determine the candidate's position on four key health policy issues.

The OSMA and its political action committee, OMPAC, have used this and other information it gathered to make recommendations regarding which candidates to support in this year's state elections.

Due to Ohio's term limits law, more than 40 legislators (out of a total of 99) will be new to the state Legislature this year. In many cases, the new members are unlikely to be familiar with either the OSMA or health-care issues in general so the meetings, in part, were also designed to introduce the OSMA and its issues to them.

By mid-September, you will be able to find out the OSMA's voting recommendations for the Ohio General Assembly and the Ohio Supreme Court by logging on to the OSMA Web site at www.osma.org. ■

Take Action

To pre-order a copy of the OSMA Election Guide, contact the *Ohio Medicine* reader response line, (800) 766-6762, ext. 6580, and ask for Item #32-00.

Bills, Laws & Rules

Ohio not among states with genetic information legislation

Other states have developed legislation to put the brakes on how genetic information may be used. In Ohio, it may just be a matter of when.

The announcement June 26 that scientists had broken the human genetic code brought with it a snarl of conflicted emotions: zeal over the potential to wipe out horrific diseases, trepidation over the potential abuse. In anticipation of a time when individual genetic information might be up for grabs, a number of states have introduced legislation this year to put the brakes on how that information may be used. Ohio is not one of them.

"It's an issue that certainly is on the national radar screen," says Tim Maglione, OSMA's director of legislation. "It has yet to elevate here in Ohio, but with the national attention on the Human Genome Project the issue probably will be here, and it's just a matter of when." The OSMA will be involved in those discussions, he adds.

According to the Health Policy Tracking Service (HPTS), legislators in Arizona killed a bill earlier this year that would have prohibited insurers from discrimination in rates charged for life insurance or benefits payable. A Maryland bill to prohibit workplace discrimination also died, as did a Washington bill prohibiting denial of health plan coverage because of genetic information or a request for genetic services. The survivors are listed at the right. ■

—Jan Leibovitz Alloy

Go online

For more information on states' genetic testing legislation, go to the Health Policy Tracking Service Web site, *www.hpts.org*

ARIZONA
- **HB 2041** limits release of genetic information, considers information privileged to person tested
- **SB 1173** prevents insurers from rejecting a life or disability insurance application on the basis of a genetic condition

Both enacted

CALIFORNIA
- **SB 1364** defines "genetic characteristic" for prohibitions in existing law using the same terminology as in existing laws for health-care service plans; passed Senate

ILLINOIS
- **HB 2774** prohibits use of genetic information as pre-existing condition unless the same condition has actually been diagnosed; passed House

MASSACHUSETTS
- **SB 1948** prohibits discrimination in premiums or rates for a health benefit plan based on genetic information; passed Senate

MICHIGAN
- **SB 589** prohibits state-established health-care providers from requiring policy-related genetic testing
- **SB 591** prohibits HMOs from requiring enrollees and their dependents or asymptomatic applicants and their asymptomatic dependents to take or disclose results of genetic tests
- **SB 593** provides individuals with informed consent, including information on who has access to test results
- **SB 815** prohibits workplace discrimination due to genetic information, prohibits employer from requiring testing

All enacted

MINNESOTA
- **SB 3138** provides genetic information and counseling to veterans concerned about exposure to chemicals such as Agent Orange; enacted

NEW HAMPSHIRE
- **HB 1589** prohibits life insurers from using genetic testing information in coverage, with certain exceptions; passed both houses

NEW YORK
- **AB 2245** is amended to prohibit certain organizations from requiring genetic testing for employment or other activities, also prohibits acquisition of information about an individual's genetic predispositions; passed Assembly
- **AB 3435** prohibits insurers from both requiring genetic information and using it to deny or cancel life and disability coverage; passed Assembly
- **SB 968** prohibits discrimination in life or disability insurance due to genetic predisposition to or history of cancer; passed Senate

RHODE ISLAND
- **SR 2535** creates a Senate commission to study confidentiality of and proprietary rights to genetic testing; adopted

WASHINGTON
- **HB 2861** amends definition of "health care information" to include any information, such as DNA, that can identify a patient
- **SB 6284** creates a state DNA commission
- **SB 6395** creates a state DNA commission

All in Senate for special session

—Jan Leibovitz Alloy

Legislative Update

External review provision already at work... The provision in the governor's patient protection act — guaranteeing Ohioans the right to appeal an insurer's "medical necessity" decision to an independent panel of medical experts — was barely a month old before two cases were filed with the Ohio Department of Insurance. Here's how the process works:

The ODI randomly identifies two independent review organizations (IRO) from which the insurer selects one. The IRO reviews the claim, and issues its decision within 30 days unless the situation is an emergency. In that case, a decision is provided the insurer and the member in seven days. If you would like to learn more about the new law, send for a copy of the OSMA-prepared papers on this subject. Call the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #23-00.

Tuberculosis control bill passes... Substitute Senate Bill 173, concerning the prevention and control of tuberculosis, has passed, and been signed into law. The bill was sponsored by Sen. Grace Drake (R-Solon).

Maglione named "Ohio Lobbyist of the Year"...OSMA Legislative Director Tim Maglione recently received the prestigious title of "Ohio Lobbyist of the Year." The award is presented annually by the Ohio House Republican Caucus. ■

Tim Maglione

Bills, Laws & Rules

Compliance refresher for on-call physicians

With HCFA still focusing on compliance, now is a good time for on-call physicians to review their obligations under the Emergency Medical Treatment and Active Labor Act.

In 1986, Congress enacted the Emergency Medical Treatment and Active Labor Act (EMTALA), a.k.a. the "anti-dumping law." Obviously, hospitals have certain obligations under this federal law, but so, too, do on-call physicians.

According to the "EMTALA Quick Reference Guide for On-Call Physicians":

- An on-call physician must respond to the hospital when requested to attend to patients in a timely manner, and complete a medical screening examination or provide stabilizing care. HCFA has not set a specific rule for response time, but some HCFA officials have mentioned 30 minutes.
- The transferring physician must discuss the case with the receiving hospital's authorized representative, and obtain agreement to accept the patient in transfer. (All hospitals with specialized capabilities, including physician specialists, have a responsibility to accept a transfer when such transfer is necessary to stabilize an emergency medical condition.)
- On-call physicians who, as part of their routine responsibilities, are charged with the duty to accept patients transferred from other facilities, may not refuse any unstable transfer as long as their hospital has the capability and capacity to provide treatment.
- An emergency patient can be transferred to the office of an on-call physician for the medical screening exam and stabilization if the physician's office has specialized equipment and capability that the transferring hospital does not have. The transferring physician, however, must certify that the medical benefits of such a transfer outweigh the risks. Under no circumstance should a patient be transferred for the convenience of the physician.
- If an on-call physician refuses or fails to show up or answer when called, his or her name and address will be included in the medical record, and he or she may be subject to sanctions. Sanctions for EMTALA violations range from termination of the physician Medicare provider agreement to civil fines of up to $50,000 and exclusion from the Medicare program. ■

Take Action

If you would like a copy of the three-page "EMTALA Quick Reference Guide for On-Call Physicians," contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #30-00.

Legal review

Certifying death

In Ohio, only a licensed medical or osteopathic physician can pronounce a person dead.

According to Ohio law, you are the only professional who can certify death, but "if a competent observer" has recited the facts of the deceased's present medical condition to you, and you are satisfied by these facts that the person is dead, you may pronounce and certify the death without having to personally examine the body.

A competent observer may include a(n):

- Licensed registered or practical nurse;
- EMT or paramedic;
- Intern;
- Resident;
- Licensed physician;
- Clinical fellow;
- Physician's assistant;
- Chiropractor;
- Embalmer;
- Funeral director who completed course work in vital signs or patient assessment.

None of these observers, however, may pronounce death.

Keep in mind that a pronouncement of death is a medical decision that is subject to review. If you rely on the assessment of a competent observer, you will, ultimately, need to rely on your own judgment. If you are unsure about the competency or accuracy of the observer's facts — or the observer him or herself — then you should personally examine the deceased before making the pronouncement.

The medical certificate of death shall be completed and signed by the physician who attended the deceased or by the coroner within 48 hours after death. That is generally interpreted to mean the physician who had professional contact with the deceased at the time of or immediately prior to death. If a patient dies in the emergency department (ED) after being attended by the ED physician, the ED physician should complete and sign the death certificate. ■

Take Action

If you would like more information on certification of death, including what to do when the cause of death is unknown, and when the cause of death is AIDS, send for a copy of the OSMA Legal Fact Sheet on the Certification of Death. Call (800) 766-6762, Ext. 6580, and ask for Item #31-00, or download the fact sheet from the OSMA Web site, *www.osmo.org*.

Bills, Laws & Rules

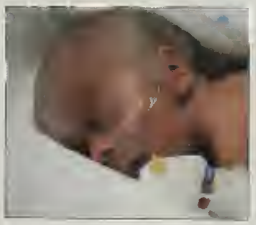
Rules update

PAs, newborn screening, radiologic licensure, and in-office anesthesia

Here's the latest on rules proposed by the medical board and the health department.

Board refiles PA rules... The State Medical Board agreed to refile a controversial section of proposed physician assistant rules that included a list of prohibited procedures. The OSMA drafted a letter to the board suggesting that, rather than bar all PAs from performing those procedures, it would be more appropriate to consider on a case-by-case basis PAs' competence, training, and understanding of medicine technology changes. The revised rules are under discussion.

Newborn screening added... The Ohio Health Department (ODH) added medium chain acyl-CoA dehydrogenase deficiency (MCADD) to the list of genetic, endocrine, and metabolic disorders for which newborns must be



tested, raising the number of screenings to six. A newborn's blood may be collected for the screenings anywhere from 24 hours to five days after birth. The rules previously required a wait of 48 hours.

Radiologic licensure updated... The ODH has updated radiologic license application and renewal procedures in accordance with current practice. The updated rules require a licensed practitioner or radiographer to set up fluoroscopy and angiography procedures and activate the exposure. Under supervision of the attending physician, a licensed general X-ray machine operator, registered nurse, or registered cardiovascular invasive specialist may position both the patient and the fluoroscope, reset the fluoroscopic timer, develop radiographic film, and ensure that patients and others are shielded from unnecessary radiation.

Anesthesia rules expected to raise controversy... In response to a request by the medical board for preliminary comments on regulating anesthesia use in physicians' offices, the OSMA sent a letter to the board urging an appropriate balance of patient safety against unnecessary paperwork. The OSMA agrees that informed consent and proper equipment, physical space, and personnel all are important considerations, but asks that the board not be excessively prescriptive regarding record-keeping procedures. ■

—Jan Leibovitz Alloy

Medical Board Report

Prescriptive governance committee drawn up

The state's Advanced Practice Nurse (APN) prescribing law (HB 241) establishes an interdisciplinary Committee on Prescriptive Governance. This committee's role is to make recommendations to the Board of Nursing for rules that govern prescribing by APNs. The State Medical Board of Ohio appoints four physicians to this group: two physicians who collaborate with APNs; one physician who is certified in family practice; and one physician who is a member of the medical board.

The board recently appointed the following to the committee:

Collaborating physicians:
Michael Gyves, MD, Cleveland
Wayne B. Wheeler, MD, Portsmouth (OSMA member)
Family practitioner: Gregory L. Ebner, DO, chair, Cincinnati
Medical board member: Pitambar Somani, MD, Columbus

Renewal, wallet card changes... The next time you complete the medical board's card for license renewal, you may find the questions have been altered slightly. Subtle changes have been made to the language; other questions have been combined. As an example, a question as to whether or not the physician has had a malpractice insurance policy canceled for reasons other than failure to pay premiums is being replaced with a question, "Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?" The board's reason for the proposed change is that Ohio has a mandatory reporting system for malpractice awards, but does not receive notice from other states regarding malpractice judgments. This question would provide the board with information it is not receiving currently. Wallet cards will change too. Now, a place will be included for your signature, and the "10 commandments" printed on the back of the card have been reduced to five.

Impairment committee reconsiders inpatient rule... The board's Impairment Committee may modify its existing rule that requires a minimum of 28 days, inpatient treatment for impaired physicians. Some providers tell the board that individuals who come to them for treatment are walking away because there is no middle ground for early-stage alcoholics or practitioners without the financial means to go through a 28-day inpatient program. The board may remove the requirement, or modify it to allow more flexibility. ■

Two bills affect organ donors

Both House Bills 658 and 683, affecting the organ donor process, are expected to be voted out of the House by the end of September.

Two bills have been introduced in the House that make revisions to the law regarding anatomical gifts.

House Bill 658, sponsored by Rep. Greg Jolivette (R-Hamilton), would create a data registry to help hospitals and procurement organizations identify individuals who want to donate an anatomical gift upon their death. House Bill 683 is sponsored by Rep. Bill Schuck (R-Columbus) and, if passed, would revise how hospitals work with their area procurement organizations to identify suitable donors and inform families of donation options.

Both bills had hearings last month, and more hearings are expected this month. The House is expected to vote on the measures by the end of September.

On a related subject, the OSMA will move its living will project to the Ohio Hospice Association this month. The OSMA has sponsored the living will/durable power of attorney project with the Ohio State Bar Association for about four years. That project will now move to the Ohio Hospice Association, which will administer all future requests for living will kits. For that reason, you should refer patients who are interested in either or both documents to the Ohio Hospice Association for further information. It is also important that you throw away the older living will brochures that you may have in your office. These brochures contain a defunct post-office box number. As a service to OSMA members, the Department of Communications has produced updated versions of the brochures that explain the documents and where to send for them. You may distribute these brochures as needed to your patients. To order copies of the new, updated brochure, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #25-00. A supply will be sent to you. ■

OSMA News

AMA Report

Urge your senator to support the Campbell bill

The AMA was pleased when the Campbell bill (HR 1304), allowing independent physicians to bargain collectively with health plans, finally passed the U.S. House. It had been a long, three-year battle. The AMA applauds the bill as an effort to level the playing field in negotiations between physicians and health plans. Now, work begins on passing the bill through the Senate. You are strongly urged to contact U.S. Sens. Mike DeWine or George Voinovich to voice your support for the Campbell bill.

The AMA is also making progress on the patient bill of rights (The Norwood-Dingle bill), but more work is needed if this bill is to pass in the near future. You are urged to contact both of your Congressional representatives to support passage of this bill. The AMA brought the issue to the Republican convention this summer, and intends to carry its message to the Democratic convention as well. "We'll take our case to anyone, anywhere, anytime," says D. Ted Lewers, MD, chair of the AMA Board of Trustees. "We will be relentless in our pursuit of this legislation."

Hermon I. Abromowitz, MD,

Meanwhile, the AMA is taking a "watch-and-see" approach when 22 health plans announced, recently, they would make a number of managed-care reforms on behalf of their enrollees. AMA President Randolph D. Smoak, Jr., MD, said: "Most of the elements they say they want to improve are in the patients' bill of rights." He urged the group of health plans, known as the Coalition for Affordable Quality Health Care, to support the federal patients' rights bill. That bill contains many of the reforms that the coalition pledges to make. For example: direct access to primary care; the use of a prudent layperson definition when determining coverage for emergency department visits; and creating an independent external review process under which patients could appeal "medically necessary" disputes. (Ohio already has an external review process in place through enactment of a state patients' bill of rights.)

As always, it is my personal privilege to serve the physicians and patients of the state of Ohio and throughout the U.S.A. as a member of the AMA Board of Trustees. If you have any comments or any questions about any of these items, or any other AMA issue, don't hesitate to contact me at (937) 228-8165, or e-mail: *herman_abromowitz@ama-assn.org.* ■

Abromowitz elected AMA foundation president

Herman I. Abromowitz, MD, Dayton, has been elected president of the AMA Foundation, the philanthropic arm of the AMA. Dr. Abromowitz was appointed to the foundation in 1998, and has served most recently as vice-president.

He also serves as a member of the AMA Board of Trustees, and, in June, Dr. Abromowitz announced his candidacy for re-election to the board. ■

New seminar

Reduce your office expense

OSMA's latest educationol offering will help you find ways to cut your practice's costs.

Decreasing medical office expense is imperative to a financially successful practice. This month, the OSMA offers a new seminar, "Cost Reduction Strategies," that will help provide you with a number of practical, hands-on tips that will allow you to make an impact on your office overhead almost immediately.

For example, after the seminar, you will be able to:

- Recognize different types of malpractice insurance and the costs associated with each type of insurance;
- Identify the costs associated with your office's pension plan, and decide whether your office is paying too much;
- Identify ways to decrease the amount your office pays in health insurance;
- Identify alternatives available to practitioners who wish to put away more than the traditional pension plan's allowable $30,000;
- Determine if your office is paying too much for office supplies (includ-

ing pharmaceuticals) and what you can do about it if you are;

- Revise your office's employee handbook to make the office more effective; and
- Have your office legally positioned to collect co-pays and deductibles from your patients.

You will receive, at the seminar, a comprehensive workbook tbat is likely to become a valuable practice management reference book for you and your staff, once you return to the office.

The seminar will be offered from 10 a.m. until 3 p.m. on Wednesday, Sept. 20, at the OSMA headquarters building, 3401 Mill Run Drive, Hilliard, Ohio. Physicians, office managers, group practice administrators and other staff members are welcomed to attend. Cost is $99 for OSMA members and their staffs; $199 for nonmembers and staffs. A box lunch is provided. ■

Take action

For more information on the seminar or to register, contact Educational Services, (800) 766-6762 or e-mail: *education@osma.org*. You may also register online at *www.osma.org*.

OSMA News

President's Perspectives

Improving the doctor/patient relationship

Walter J. Wielkiewicz, MD

Recently, a patient told me she thought of me as her son. This is very heart-warming and fulfilling, and really helps on those days when nothing seems to go right.

However, whenever this happens, it makes me think about how much the doctor/patient relationship has changed. I'm old enough to remember when the doctor and patient made medical decisions. When the doctor and patient decided a treatment was necessary, it was done.

Obviously, today this is not the case. Today, there is frequently interference with managed-care companies, employers, and the state and federal government. Sometimes, two or more entities are involved with decisions of the opposite view point. Truly, this cannot be good for the patient.

As a physician, I think that I am in a much better position to know my patient and know what is best for my patient than a bureaucrat or a non-medically-trained individual who is usually not in our community, and often not even in our state. The patient also should be involved in decisions regarding his or her care, and frequently is not.

What's the solution? I realize that we will never return to the days in the past when the doctor and patient had ultimate influence. However, I think the pendulum has swung too far toward bureaucrats and other entities. I think we need to return some of the decision-making capabilities to the patient. I think that medical savings accounts is one way to try and accomplish this goal.

Furthermore, I think we, as physicians, need to get involved with our local employers and explain to them the differences between various managed-care companies, and help them to decide which plan is best for their employees, which, after all, are frequently our patients.

Finally, I think the OSMA needs to continue to be vigilant at the state and federal level in monitoring managed-care companies and dealing with situations that could potentially harm tbe patient. I think our efforts with regard to the Patient Protection Act of last year, as well as the Patients' Bill of Rights on the federal level are examples of this activity.

Only by working with our patients, and for our patients, can we improve the doctor/patient relationships. After all, isn't improving our patients' lives what medicine is all about? ■

On the Web

BWC rides the wave of success

The Dolphin Project is the Ohio Bureau of Workers' Compensation's e-business system, which BWC hopes will improve customer satisfaction and reduce costs.

The first wave of the Bureau of Workers' Compensation's Dolphin Project is expected to hit Ohio in October. An e-business system, the Dolphin Project promises to provide customers and health-care providers with consistent, customized, streamlined service 24 hours a day, seven days a week.

At several meetings with BWC, OSMA staff had mentioned that the association was interested in pursuing ways that the OSMA could facilitate better electronic communication between OSMA physicians and the BWC. One way that the BWC plans to accomplish this is through its own initiative the "Dolphin Project."

"E-business will revolutionize how BWC does business, but it will NOT replace people with technology," says Sandy Blunt, BWC's chief of employer operations. "By moving routine interactions to the Internet and enabling some customers to do things for themselves, we've freed up our people to do more meaningful things with customers," he says.

What this means for health-care providers

In October, BWC envisions health-care providers being able to access the BWC's Web site *(www.bwc.state.oh.us)* to obtain:

- Basic claims information, including ICD-9 codes and descriptions and claim status;
- Verify BWC-certified providers;
- Determine the managed-care organization for a particular employer;
- View the BWC Fee Schedule;
- Download various BWC forms, including the First Report of Injury (FROI), **Physician's Report/Treatment Plan for Industrial Accident or Disease** (C-9) and **Request for Temporary Total Compensation** (C-84). Then, users can print these forms, fill them out and submit them via mail, fax or in person.

In the near future, health-care providers, who have registered with BWC, will be able to file FROI electronically and receive a claim number immediately. Medical providers will also be able to look up basic claims data by Social Security number or claim number, whether they are listed as the physician of record or not.

Also, planned for this fall are educational sessions giving employers, health-care providers, injured workers and labor representatives a chance to network with each other. BWC is calling these new educational sessions — the Workers' Compensation University (WCU). (See related story on page 14)

The hope is that through the use of technology, BWC will be able to demystify workers' compensation, encourage customer participation and self-service and offer consistent and convenient service. ■

Practice Tips

Why you'll want to attend *this* BWC seminar

The Bureau of Workers' Compensation is making some significant changes in its managed-care program. If you're a BWC provider, you'll want to attend this year's fall seminars.

If you're a BWC provider, and typically throw away the material on the fall provider seminars the BWC sends you each year, you may want to not only hold on to this year's literature, but make plans to attend as well.

There are several reasons why. First, the BWC is providing, for the first time, an opportunity for all of its customers to come together. More than 7,000 employers, providers, injured workers and labor representatives will be able to meet, talk and network. Second, the provider seminars will offer some important announcements about program changes. For example, in addition to information on the new provider fee schedule, you'll also receive information about the bureau's 10-step business plan which will include announcements about authorization treatment guidelines and prior authorization. What you'll learn is that the BWC is standardizing its treatment guidelines, and that it has established a new policy that, within the first 45 days of treatment, no prior authorization will be necessary. These are big changes, and ones that you will need to know about as a BWC provider. Finally, the bureau is offering CME credit to provider attendees. There will be two hours of Category 1 credit if you attend the general session, and an additional two hours of Category 1 if you attend the breakout sessions, for a total of 4 hours of Category 1 credit.

The general session will provide information on the BWC's new e-business system, the Dolphin Project, (see related story on page 13 to learn more), as well as Basic Workers' Compensation 101, Return-to-Work program, Safety, and Fraud. Breakout sessions will cover provider billing and reimbursement, controlling workers' compensation costs, violence in the workplace and more.

For more information about the seminars or to register, contact the BWC at (800) 466-6292. You may also register online at *www.ohiobwc.com* or go to the OSMA Web site, *www.osma.org* and link from there directly to the BWC's online registration page. ■

BWC meeting sites and dates

The Workers' Compensation University is an opportunity for you to learn about the significant changes the BWC is making in its managed-care program.

Sept. 19: Columbus, Columbus Convention Center

Sept. 22: Chillicothe, Ohio University Campus (Because of space limitation, this site will offer only a general session and two breakout session: Treatment Guidelines for Providers, and Safety Works for You).

Sept. 26: Cincinnati, Cincinnati Convention Center

Sept. 29: Dayton, Dayton Convention Center

Oct. 4: Toledo, SeaGate Convention Center

Oct. 6: Akron, John S. Knight Center

Oct. 11: Cleveland, IX Center

For more information or to register, call (800) 466-6292.

Your Practice Guide
Developing a compliance plan

Step 4: Training staff

Training is such an important part of a compliance plan that Keith Wilson, a health-care consultant with Adams and Associates, calls it the "lifeblood" of the program.

Here are his tips for how to train your staff to focus on compliance:

- Make compliance training a part of every new employee orientation.
- Include compliance as a subject in routine communications, in-services and meetings.
- Provide specific training as appropriate.

Since the third step in developing a compliance plan is delegating responsibility, make certain when you do that, your managers, supervisors or others are trained for that specific job.

- Have each employee read the office's compliance policy and complete a statement that they understand it.

The compliance policy agreement should be signed and updated annually by employees. This is probably best done during the employee's annual performance review.

- Develop internal procedures for reporting potential violations.

Employees should be allowed to report violations, but there should be a proper format in place for filing these kind of reports. Employees should be reassured they will not be fired, nor will retribution be sought for filing a violation under proper procedures.

- Establish disciplinary policy for compliance violations.

In addition to a policy for employees, sanctions of some sort should also be put in place for physicians who violate compliance procedures. These sanctions, or policy, should be developed by the physicians themselves.

- Allow employees to report violations during the exit process.

Exit interviews with departing employees should include questions about possible violations they may have noted. This is one way to stop any potential whistleblowers.

Your staff can make or break the compliance policy in your office, so make sure you hire individuals who will bring with them a certain conscientiousness and professionalism. And once they are hired, don't forget to keep them updated and informed on all compliance issues. ■

Online resource

If you are looking for a good resource to help you train employees on the importance of following compliance procedures, check out *www.medicaretraining.com*. The site provides free training in a number of areas, including fraud and abuse.

Practice Tips

Your Practice Guide

Diabetes and insulin resistance

The fourth article in the "Diabetes Mellitus 2000" series, written by the Diabetes Task Force of the Ohio Department of Health, focuses on the Insulin Resistance Syndrome (also called "syndrome X" or dystmetabolic syndrome) and lack of insulin secretion.

Some consider the Insulin Resistance Syndrome to be responsible for the excess cardiovascular disease in persons with type 2 diabetes mellitus.

The article takes a case management approach to demonstrate diagnostic and therapeutic points common to type 2 diabetes mellitus and the Insulin Resistance Syndrome.

For a copy of this article, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #29-00. ■

Practice Tips

Your Practice Guide

Corporate culture: How to get one if you don't have one

Defining the corporate culture you desire will help you attract and retain the type of employees who will treat patients and one another the way you want them treated, will approach other aspects of their work with the passion and care you desire, and will help your practice grow and prosper.

"Unfortunately," says Kathy L. White, Certified Medical Practice Executive, "what's on paper as the corporate mission may not be supported through the 'demonstrated attitude' within an organization."

The attitude, she continues, is set and conveyed from the top. That means if you want a true atmosphere of teamwork in a medical practice, the top person — the physician — will not be 'above' changing a table paper occasionally if the staff is too busy. If you want a 'team' atmosphere, reward the team, not just individuals.

Conflict does occasionally develop between the back and front office of a practice. White says when she managed the human resource functions for a urology group practice, there were tremendous advantages to sharing jobs, in-depth, during staff lunches. "Each month, a person or department described to the whole staff what they did, the challenges they encountered, how they dealt with those challenges, and what would make their jobs easier," says White.

Mutual respect developed when people understood what others in the office were dealing with, on a detailed level. "That translated into a more cohesive, less 'them/us' office atmosphere," she says.

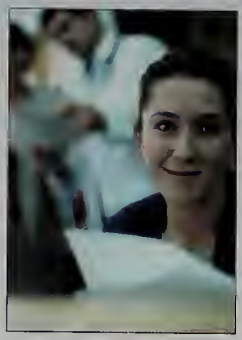
The Hagberg Consulting Group* has simplified the concept of "corporate culture" as follows:

Imagine you were asked to describe your organization to an outsider. How would you answer the following questions:

- *What 10 words would you use to describe your company?*
- *Around here, what's really important?*
- *Around here, who gets promoted?*
- *Around here, what behaviors get rewarded?*
- *Around here, who fits in and who doesn't?*

"New patients, too, can tell what your corporate culture's like before they even walk in your door," says White. "It's conveyed in the way your phones are answered and the helpfulness of your staff. A new-patient protocol should be written for every staff member who deals with patients or their records, not just in medical procedures and records."

A corporate culture might *feel* as though it *just happens*, but it can be directed and maintained by having an objective assessment made of what you *really* have, and measuring it against what you *want* to have. Then, clear objectives must be defined, along with the means of attaining them,



such as augmented internal communication. And a corporate culture needs to be nurtured, with on-going group activities and top-down modeling of how you *want* your practice to be."—*Carol Larimer* ■

Survey your patients

To determine a corporate culture, survey your patients. Some useful, open-ended questions on an anonymous patient questionnaire might include the following:

1. Several words or phrases that describe how I'm treated, or made to feel by the staff are:
2. Several words or phrases that describe how the staff seem to relate to one another are:
3. Several words or phrases that describe my physician are:

Practice Tips

Your Practice Guide

Satellite offices: To expand or not to expand?

When is it time to grow your practice into a satellite clinic or office? When you're sure the new facility will be viable. Here's how to determine whether you should take the risk.

"Traditionally, physicians have viewed satellite offices as the mark of a practice in trouble," says Jack Davidson, MD, CEO of the St. Louis (Missouri) Medical Group which has 16 offices. "For the small, busy group looking at its future...expansion in its current location can be a better choice due to low overhead," he says. But Dr. Davidson quickly adds that the perception has "changed a lot."

Conventional wisdom says that opening a satellite office should be a move of strength rather than speculation. For the practice that is crowded, consistently busy, and ready to hire one or more new physicians, a satellite facility could be viable. Otherwise, it could invite eventual bankruptcy.

While the decision points for rural satellite facilities are slightly different than for suburban (or even more urban) facilities, many considerations prevail.

Check your demographics.

Bob LaFollette, business administrator in the Ohio State University College of Medicine, has opened numerous clinics. He says, "What services are needed here? Who wants to practice and live there?" Locate where your patients live, work, shop or are moving to. Where are your referring physicians located? Where is your specialty significantly under-represented? Can you establish a good relationship with the local hospital?

Run the numbers.

"Opening a satellite office should not be an emotional decision," says Dr. Davidson. "Base it on a thorough analysis of risks and opportunities. If needed, get help from a specialized consultant or health-care accountant with experience." Like any business analysis, he says, include marketing data on the locale's economic health, growth potential, and negative factors. Especially inside a saturated metropolitan market, LaFollette says patient need drives the success formula. He adds it can take up to three years to get a satellite clinic on its feet, and showing a positive cash flow. "At minimum, you'll need to commit (to the satellite facility) for a year; pulling out sooner can damage your reputation." Some groups "seed" a satellite facility by moving one active member of their practice there. Others use the new facility to help a new practice member establish individual identity. A more cautious alternative might be to lease or time-share office space in a practice already located in your target area.

Plan for quality.

A satellite office should be a full-service facility (not a pared-down version of your present office) with new everything and patient convenience in mind. Market the facility to create awareness and demand; make sure the public knows you are there.

Take an honest look in the mirror.

Dr. Davidson says to consider issues like who would practice in the office; driving time involved, and patient growth expected. Set target evaluation criteria, including deadlines, for growth. Have a strategy. And have a back-up plan in case it doesn't work out. ■

— *Yvonne H. Burry*

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Practice Tips

Your Practice Guide

Job descriptions that work

No longer does the office nurse arrive on the job prepared to take care of billing, run the front office, and dust the waiting room. In fact, some people won't straighten magazines unless it's in their job description

Bill Becker, practice manager, Med-Ex Services, offers the following tips on how to write an effective job description:

- **Identify the job as it applies to your office.** Will the employee be strictly front office or work both front and back offices? "Medical assistants these days are trained in front office and back office," says Becker, "but you also have medical receptionists and medical secretaries that can't draw blood or take a blood pressure."
- **Identify the specific duties the employee will perform.** Do you want an MA to simply draw blood or also maintain the lab area? And what do you mean by "maintain the lab area" — wipe off counters? Perform quality assurance on machines?

A job description should leave the employee with few questions about his or her duties. The trick to that, Becker says, is to include the phrase, "assist staff as needed" in all job descriptions. "In a pinch, when that person has nothing to do, the doctor's in seeing a patient, all the other duties are completed, and the phone's ringing off the hook because the front office person is inundated with phone calls, you have to have something in there that's going to say, 'You need to help answer those phones.'"

- **List the highest-priority duties first.** Work your way down to those with the lowest priority.
- **Give the employee responsibilities, not orders.** "You want to make somebody feel good by giving somebody a responsibility rather than a must-do," Becker says. "'Receptionist is responsible for keeping the reception area clean and neat and throwing out old magazines.' It becomes theirs a little more."
- **If two or more employees have similar job descriptions, give each different responsibilities.** "That's part of practice management," Becker says. "Being able to identify people that do something real well, making them responsible for it, and having them show the rest of the staff how to do it in case something happens. So, everybody's responsible for it, but you actually put more of the responsibility into one person's lap."
- **Be open to discussing points the employee might object to.** Make clear that some duties are negotiable, others are not. Later, if the job changes, discuss the changes with the employee, modify the job description, and have the employee sign the new job description.
- **Treat each job description as a work in progress.** "There's another phrase that you need to put in there: 'This job description is subject to change at any time.' Job descriptions are always being tested," Becker says. "I've never had one that wasn't challenged." ■ — *Jan Leibovitz Alloy*

Who pays the bills now?

One of your patients — one with a hefty bill — has declared for bankruptcy. What do you do now? Depends on the type of bankruptcy your patient filed for.

Chapter 7, liquidation

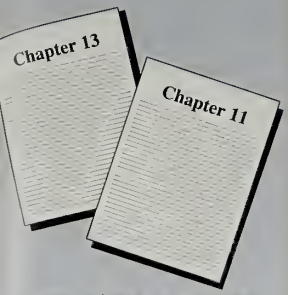
In Chapter 7 bankruptcy, the debtor asks the court to be discharged of unsecured debt, including medical bills. The debtor's assets are liquidated, the debtor is allowed to keep a legally prescribed amount of the equity, and anything left over is converted to cash and made available to creditors through a bankruptcy trustee. Priority debts such as student loans, child support, and criminal penalties cannot be discharged.

"The court typically will send a notice of assets to creditors in the bankruptcy," says Marshall D. Cohen, a Columbus-based bankruptcy lawyer. "In order to get paid in that circumstance, the creditor would have to return the proof of claim to the bankruptcy court with some documentation substantiating the account, and then the bankruptcy trustee would recover a pro rata share of however much money there is."

Under certain grounds, creditors can object to a debt's being erased through a bankruptcy. "I have yet to see a medical creditor make those grounds," Cohen says.

Chapter 13, reorganization

Chapter 13 affords a debtor the same protection from collection as Chapter 7, but the doctor must pay some portion of the debt to his or her creditors. The debtor files a statement of earnings and proposes a budget and repayment schedule, which must be approved by the court. For a minimum of 36 months, all the debtor's disposable income, other than an amount sufficient for mainte-



nance and support, goes to a trustee, who distributes funds to creditors that have filed claims against the debtor.

As with a Chapter 7 bankruptcy, the debtor is required to file a list of all creditors' names and addresses. The clerk of courts files notice to creditors, advising them of the injunction on collection against the debtor and providing them with claim forms. Creditors have 180 days to respond. After that, it's too late.

Chapter 13 is likely to be the choice of a debtor who has assets, Cohen says. "A debtor might have $40,000 unexempt equity in a home but only $15,000 of miscellaneous debt, and that debtor might be on a fixed income, such as Social Security or retirement. In that situation, they would have to pay their creditors back in full at some rate of interest, typically determined by the attorney over a period of time not to exceed 60 months. "If net assets exceed the amount the debtor owes, the debtor pays in full, with interest. But that's uncommon, Cohen says. "Most debtors are insolvent."

The bottom line

Cohen could spout volumes about the arcane ins and outs of bankruptcy law. But when it comes to collecting against a debtor in bankruptcy, he says, "It's real simple. Chapter 7: Give it up, ain't gonna happen. In Chapter 13, upon getting notice of a bankruptcy, the doctor should immediately file with the court. That's what it comes down to." ■

—Jan Leibovitz Alloy

Colleagues

MICHELLE ANDREWS, MD, Cincinnati, attended a special White House V.I.P. celebration with President Clinton and the Houston Comets. Dr. Andrews, a Trustee of the Women's Sports Foundation and an advisory member of the Women's Basketball Coaches Association, joined with other distinguished athletes and sports figures for the special event. Dr. Andrews has the distinction of being the first-ever female orthopaedic surgeon to be a team physician for a major league baseball team, the Baltimore Orioles. Dr. Andrews is a board-certified sports medicine fellowship trained orthopaedic surgeon. She sees patients at Cincinnati Sports medicine and Orthopaedic Center's TriCounty, Deaconess Hospital, Eastgate, and Crestview Hills, Kentucky locations.

STEPHEN P. BAZELEY, MD, Waterville, OH, has been elevated to chief of the St. Luke's Hospital medical staff. He will lead a medical staff that has more than 750 physicians practicing in 50 specialties.

Dr. Andrews goes to Washington... Pictured fram left ta right are the Wamen's Sparts Faundatian Trustees: Lillian Greene-Chamberlain (1959 Pan American gald medalist in 400 meter), Sharan Barbana (1984 Olympic marathan runner), President Bill Clintan, Mary Ellen Clark (1992, 1996 Olympic gald medalist diver), Vince Gennara (President, Pepsi-Cala's Faundatian Beverage Divisian), Michelle Andrew, MD, (Cincinnati Spartsmedicine and Orthapedic Center), and Rena Kanakagi (Caach af 1988 Olympic Juda team).

Portrait

Understanding where people are coming from is halfwoy there to helping them. This is the motto of the Urban Heolth Project, locoted in Cincinnati.

The Urban Health Project (UHP), is a unique public service program, completely operated by medical students. Founded 15 years ago by a medical student at the University of Cincinnati College of Medicine, the thriving project currently has 26 interns — all second-year medical students — working at 23 different social service/clinical agencies. A few of the agencies benefitting from the UHP are Joseph House, a place for homeless veterans with substance abuse problems; Crossroad Health Center, an inner-city clinic; AIDS Volunteers of Cincinnati; the American Cancer Society and the Homeless Healthcare van.

This past summer marked the largest year for UHP to date. The interns work voluntarily, thus taking no money away from patient care. The students are, however, provided a stipend for the summer.

Director Yvette Neirouz, also a second-year medical student, is responsible for raising the funds for UHP, as well as taking care of the other administrative aspects.

"During the school year, a lot of our time is focused on the academics of medicine, and the social side of medicine is overlooked," Neirouz said. "Through UHP, we have an opportunity to experience the social aspects of medical care which will enable us to understand better the situations from where our future patients come from.

"It is our hope that students involved in UHP walk away from this experience with an improved sense of compassion and understanding so that we can become the nonjudgmental doctors we want to be, and the community wants us to be."

For more information, or to make a donation to further the UHP cause, please call Yvette Neirouz at (513) 569-6155, or e-mail her at *neirouya@email.uc.edu* ■

— Katie Kiley

Yvette Neirouz, the director for the Urban Health Project and 2nd year medical student has many responsibilities including running the weekly meetings and providing as beneficial an experience as possible for the students.

Obituaries

JOHN Q. BROWN, MD, Columbus, OH, Ohio State University, College of Medicine, Columbus, OH, 1936; age 90; died June 1, 2000.

ANICETO DI DOMENICO, MD, Youngstown, OH, Facolta di Medicina e Chirurgia dell' Universita di Bologna, Bologna, Italy, 1951; age 78; died July 9, 2000.

AURBREY ROBERT FURNAS, JR., MD, Femandina Beach, FL, Indiana University School of Medicine, Indianapolis, 1948; age 76; died July 3, 2000.

MAX E. GRIFFIN, MD, Akron, OH, Pritzker School of Medicine of University of Chicago, Chicago, 1946; age 75; died June 12, 2000.

IRVING PINE, MD, Columbus, OH, New York Medical College, New York, NY, 1932; age 91; died July 10, 2000.

ABRAHAM H. STEINBERG, MD, Sylvania, OH, George Washington University School of Medicine, Washington, DC, 1935; age 90; died July 13, 2000.

JOHN CHARLES TRABUE, MD, Columbus, OH, Ohio State University, College of Medicine, Columbus, OH, 1943; age 81; died June 24,2000.

SALVADOR B. TRINIDAD, MD, Springfield, OH, College of Medicine, University of the East, Quezon City, Philippines, 1964; age 60; died June 9, 2000.

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- Francis Bacon

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A Publication of the Ohio State Medical Association

Ohio Medicine

October 2000

What you need to know...

Malpractice insurers: secure or shaky...
Concerned about a liability company's financial stability? Then check out the OSMA's latest *Rating the Malpractice Carriers*, published quarterly as a service to members. For a copy, call (800) 766-6762, Ext. 6580, and ask for Item #35-00. Or visit *Ohio Medicine* online for a direct link to the report.

NPDB may go public...

First Ohio introduces a physician profiling bill, now a new federal bill from Rep. Tom Bliley (R-Va.) proposes to give the public access to info in the National Practitioner Data Bank. Still at issue: Will the bill require public release of all malpractice payments, or just those made by providers with multiple payments?

Prompt pay companion...

Sen. Larry Mumper (R-Marion) has introduced Senate Bill 327 to strengthen Ohio's prompt pay laws. Like its companion, House Bill 684, the measure requires insurers to reimburse physicians in 30 days for completed claims.

Two new tests for newborns...
Ohio newborns will now undergo screening tests for Medium chain acyl-coA dehydrogenase Deficiency and Maple Syrup Urine Disease. The Public Health Council recommended the two tests be added to the five screenings that Ohio newborns currently undergo. The council's rules adding the new tests were approved last month.

EDITORIAL

Balancing the judiciary

On Nov. 7, OSMA members have a chance to cast their votes for a balanced judiciary. A vote to change Ohio's Supreme Court makeup is a vote to stop the court's liberal majority from making decisions that threaten the state's well being.

Far-reaching decisions that put public education at risk and undermine Ohio's civil justice and workers' compensation systems have negatively impacted all Ohioans. The court's 3-4 majority continually disregards the work of our state legislators. Instead, this narrow majority seems to answer to the personal injury lawyers who gain the most from a court that continually trumps Ohio lawmakers.

"By acting as a superlegislature on critical public policy issues, the court has overstepped its authority," says Tim Maglione, OSMA's legislative director. "It's clearly time to make significant change on the Ohio Supreme Court by voting Nov. 7."

Physicians know well the problems with Ohio's Supreme Court. In the last five years, at least three new medical malpractice causes-of-action have been created by the Supreme Court. Translation: three new ways to sue doctors or hospitals. The liberal majority also overturned the OSMA-backed tort-reform legislation.

The upcoming election is a chance to re-balance the scales of justice. The hidden costs of the court's actions hit the pocketbooks of every Ohioan. When our state's economy suffers, prices for goods and services increase. Ohio's job market is threatened. Everyone pays for the actions of a politicized Supreme Court majority.

Justice Deborah Cook

Judge Terrence O'Donnell

The OSMA supports the campaigns of Judge Terrence O'Donnell and Justice Deborah Cook. O'Donnell is challenging incumbent Justice Alice Robie Resnick, who wrote the opinion to overturn tort reform. O'Donnell's election will bring Ohio one step closer to a fair court. With five years on the court, Justice Deborah Cook has exhibited well-reasoned decision-making and a strong commitment to fair and impartial justice. Justice Cook deserves re-election.

All OSMA members are urged to vote in the Supreme Court elections on Nov. 7. Electing Judge O'Donnell and Justice Cook will protect Ohio's future by returning balance and fairness to the Ohio Supreme Court. ■

For more election coverage, visit us on the Web www.osma.org.

Your election headquarters

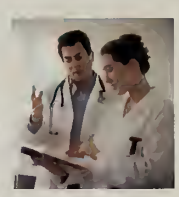
Here are two ways to make the OSMA your source for news this election:

OSMA Election Guide

This year's OSMA Election Guide is available online only, so you can bypass those candidates running in other districts, and turn directly to the candidates in your district who are campaigning for your vote. The guide will provide you with biographical information on each of the candidates – and if the OSMA's Ohio Medical Political

CONTINUED ON PAGE 2

Wage/salary report: clinical staff



The association's first-ever wage/salary report for non-clinical office staff has been so popular that the OSMA has followed quickly on its success with a report of wages and benefits for clinical workers.

Expect to find in this report the salaries and benefits for RNs, LPNs, medical assistants, physician assistants, nurse-practitioners, and some technology assistants. Surveys went out

CONTINUED ON PAGE 2

OSMA
3401 Mill Run Drive
Hilliard, OH 43026
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President's Perspective

WHAT EVER HAPPENED TO...?

Each year at the House of Delegates, a number of resolutions are usually referred to OSMA Council for either report or action. Often, a few weeks later, I'm asked whatever happened to these resolutions. There is the thought that since these resolutions get referred to council, they somehow are not reviewed or acted upon.

I'd like to update you on several issues that were referred to council by this year's House.

Resolution 07-00: Dealt with allowing a medical sub-specialty to have representation in the OSMA House of Delegates. After a great deal of discussion at council, it was felt that a mechanism should be developed to allow any sub-specialty that meets appropriate criteria to have representation in the OSMA House. A special task force has been formed to develop these criteria. Since this requires a bylaws change, the criteria — when they are developed and approved by council — will be presented to the House in May 2001.

Sub. Resolution 11-00: Regarded a class action lawsuit for prompt payment. After much discussion, concerns were raised that, if the OSMA went forward with a class action lawsuit, it may jeopardize the passage of our prompt pay legislation currently pending before the Ohio General Assembly. Further, it is believed that this may be an issue that would be better handled at the AMA level. Therefore, council transmitted a letter to the AMA prior to the AMA Interim meeting in December 2000, supporting AMA involvement in developing a class action lawsuit dealing with prompt payment.

These are just a few of the issues that were referred to council, and have been discussed since the 2000 OSMA Annual Meeting.

Council, at almost every one of our meetings, discusses issues that are brought forth either by the House of Delegates as resolutions, or by members. We take our obligations to you, the member, seriously. We, the OSMA Council, do our best to continue the functions of the organization while the House of Delegates is not in session. A great deal of hard work is done both by councilors and staff to carry out the wishes of the members of the organization on a daily basis.

- *Walter J. Wielkiewicz, MD,* President

ELECTION HEADQUARTERS CONTINUED FROM PG.1

Action Committee (OMPAC) has identified a "recommended" candidate, that information will be there as well. The interactive Election Guide should prove a time-saver, as well as a valuable source to turn to when selecting who gets your vote in November. To view the guide, visit the OSMA Web site, www.osma.org.

Online election guide

Legislative updates

Hospitals, county medical societies and large group practices can take advantage of a new 'Legislative Update" program, offered by the OSMA. The program is designed to familiarize attendees with legislative and Supreme Court candidates. Sponsors can select: 1.) a 30-minute program, including a 20-minute legislative presentation by OSMA staff, and a 10-minute question-and-answer period; or 2.) a 60-minute program that adds a 20-minute presentation by a key legislator. For more information, or to schedule a presentation, contact the OSMA Department of Educational Services, (800) 766-6762, email: education@osma.org. ■

LEGISLATION

Long term care workers...or bust

House Bill 576 will attempt to do the impossible – find workers for long-term care facilities. Rep. George Terwilleger (R-Maineville) has crafted a bill that creates a 21-member task force to study the issue. (Hey, it's a start.) After examining incentives, education programs, public awareness programs, and other availability issues, the group will complete within one year of the law's enactment date, a final report of its activities, findings, and recommendations.

WAGE/SALARY REPORT CONTINUED FROM PG.1

to practices at the end of August, and because databases were already in place from the previous survey, turnaround was much faster for producing this report, says Susan Rupli, director of OSMA Group Practice Services. The clinical staff report features the same industry information as the nonclinical staff version: wages broken into demographic regions. Benefits are given on a statewide basis.

As with the nonclinical staff report, this newest report is as complete as survey responses allow, but it should not be considered a definitive study.

How to order:

Copies of the wage/salary report for clinical staff are $15 for members; $50 for nonmembers. Orders must be pre-paid, and can be placed by completing the form on page 7 or call the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580 and ask for item #33-00. A form will be sent to you to complete and mail in with your check. Web users can download the form by visiting the OSMA Web site, www.osma.org and clicking on the news story about the wage report for clinical workers in *Ohio Medicine* online. The item is also available for Web buyers with credit cards in the OSMA store. ■

WHAT'S NEW

Learning Month-by-Month

In response to members' requests, for the first time, the OSMA will provide a 365-day look at its educational opportunities to help you budget educational dollars and time for you and your staff.

Traditional CME courses will share space with non-CME and online offerings in a new course catalog, arranged month-by-month, that should reach your door by the end of December.

Here are some courses currently being considered:

more Internet training

a technology exposition
Check out all the new electronic gizmos.

a workshop on practice arrangements
Includes how-to's for setting up a new practice and starting a group practice.

practice management
A series of workshops designed to enhance practice operations and staff efficiency

business management
An OSMA partnership with a local university, leading to a business management certificate.

Let us know what you think of these topics or any others that you would like addressed. Contact Educational Services, (800) 766-6762, e-mail: education@osma.org.

Human Resource Management Series

"practice is only as efficient as its staff."

The OSMA is offering a dynamic eight-part resources series designed specifically for physicians and managers. This comprehensive series addresses financial, legal and administrative aspects of managing staff including attracting and retaining the best employees; developing a staff salary budget; conducting performance and salary reviews; determining appropriate staffing; boosting morale and motivation; job descriptions, personnel policies, compliance – and much more.

The first two sessions, Writing an Effective Employee Handbook, and Dealing with the Difficult Employee, will be offered Nov. 2, followed by sessions in February, May and July of 2001. Participants can register for individual sessions, or take advantage of great savings and added benefits by registering in advance for the series. In addition, series registrants are eligible to earn a Certificate in Human Resource Management from the OSMA.

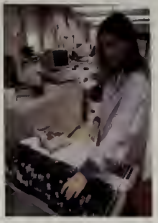
To request a brochure, contact Educational Services at (614) 527-6762, (800) 766-6762 or via e-mail at education@osma.org. or visit the OSMA Web site at www.osma.org for a "Calendar of Events" with more information and online registration. ■

To register:
Contact Meeting Management at (614) 527-6762, (800) 766-6762 or via e-mail at mtgmgmt@osma.org. Space is limited, so register early.

MEDICAL BOARD REPORT

PA rules skip "do not do" list

The State Medical Board of Ohio has approved new rules setting guidelines for physician assistants (PAs) without resorting to the blanket restricted procedure list it had initially proposed.



The Ohio Association of Physician Assistants was quick to condemn the controversial list, and as quick to praise the board's decision to reverse itself and, instead, review each PA application for scope expansion on a case-by-case basis.

The board's executive director says the new rules will lead to closer scrutiny of PA applications, as well as a more consistent and thorough review process.

Now, when a physician assistant's duties fall outside the most basic medical treatment, the board will ask physicians to provide detailed information that includes the training of the assistant, and how the physician or hospital will monitor the assistant's work. The rules do not specifically call for physician supervision of all of these expanded duties, however, so the rules will leave some room open for interpretation. ■

DISCIPLINE

Internet prescriber sentenced

The Dublin physician who sold prescription drugs over the Internet has been placed on probation for two years after agreeing to pay a $1,000 fine and to surrender his medical license. Daniel L. Thompson, MD, had been indicted on 64 felony counts of drug trafficking and selling drugs without a pharmacy license.

The Federation of State Medical Boards is paying serious attention to Internet prescribing. Proof? The federation has hired a full-time investigator to surf the net and order drugs online – tracing the prescribing doctor and the doctor's license number in the process. Ohio physicians should know that the State Medical Board of Ohio requires face-to-face meetings with patients before prescribing a controlled substance. Otherwise, the prescribing fails to meet an acceptable standard of care, and falls outside the bounds of professional conduct. ■

OSMA SURVEY

Clinical Drug Trials

Questions

Q1. Are you currently participating in a clinical trial?

Q2. Have you participated in a trial in the past two years?

Q3. How likely would you be to attend a program on physician participation in clinical trials?

Q4. If you're likely to attend such a program, what topics would interest you?

Let us know on www.osma.org by Monday, October 16.

CAMPAIGN 2000

Medicine's "biggies"

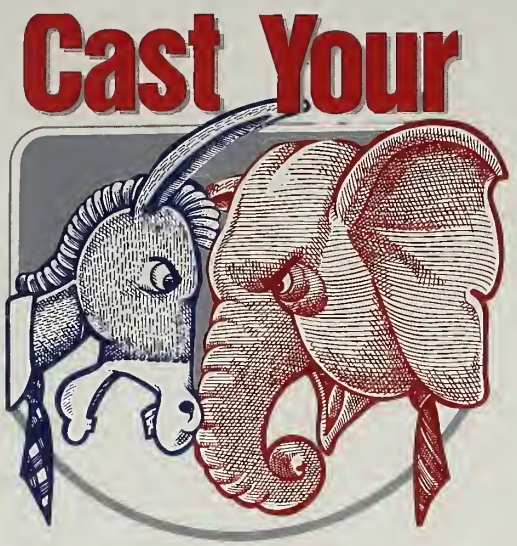
Listed here are issues that the OSMA has identified as being important to the medical community. Become familiar with these political priorities, and discuss them with candidates during this election season:

Supreme court elections

In the last five years, at least three new medical malpractice causes of action have been created by the Ohio Supreme Court. What this means is that, in its rulings, the Supreme Court created three new ways to sue doctors and hospitals. Also, the high court recently overturned the hard-won OSMA-backed tort-reform legislation. In view of this long-standing problem, OMPAC, the OSMA' s political action committee, is recommending that physicians help re-balance the scales of justice by supporting Justice Deborah Cook and Judge Terrence O'Donnell for the Supreme Court. Wins by these candidates will help balance the judiciary and realign the court. (See front page for full report.)

Prompt pay

Ohio's current prompt pay law is ineffective, and the OSMA is working to pass a new law that will be more meaningful. The OSMA has been a key player in the introduction and support of House Bill 684, and its companion Senate Bill 327. These bills would: 1.) require insurers to pay claims in 30 days, and be subject to penalties if they do not; 2.) prohibit insurers from contracting for pay periods greater than 30 days; 3.) prevent insurers from conducting "take backs" beyond one year. (Take backs occur when insurers audit past claims to recover possible overpayments.)



Access

The OSMA supports House Bill 584 and Senate Bill 163, which requires insurers to offer patients a "point-of-service" option so patients may see his/her physician of choice. The law would allow insurers to charge an additional co-pay or deductible for this option, with additional cost paid by the patient. In other words, the patient decides whether to pay a little more to have the flexibility to see their provider of choice.

Antitrust relief

While the OSMA believes the best solution to this problem lies at the federal level (the Campbell antitrust bill), legislation pending in Ohio offers limited negotiation rights. The OSMA supports House Bill 721, a "state action" proposal, allowing doctors to group together to negotiate contracts with insurers under the auspices of state government. There would be significant restrictions, however, on fee negotiations.

Payer accountability

The OSMA believes HMOs and other payers should be held accountable for their medical necessity determinations in the same way that doctors are accountable for their decisions. ■

OMPAC picks

Vote

Don't just sit there...vote!

Who are you going to vote for in November? OK, how are those candidates going to improve health care for Ohio physicians and patients?

If you want to strengthen medicine's voice, but you're not certain which candidates will do that, OSMA's political action committee, OMPAC, has some suggestions.

OMPAC met early this fall to review the races for the Ohio Legislature and the Ohio Supreme Court. Following careful review of a number of criteria – including the candidates' positions on important health-care issues, the electability of the candidates, and recommendations by physicians, the OMPAC board of directors has made its picks.

Want to know the picks? Because of space limitations, *Ohio Medicine* is unable to publish the complete list here, although the Supreme Court candidate picks are featured on page one of this issue. For a complete list of OMPAC picks, call the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #36-00. The OMPAC picks are also available in the Legislative section of the OSMA Web site, www.osma.org. (members only section), or by calling the Department of Legislation directly, (800) 766-6762.

It's your civic duty...your responsibility as a citizen... your chance to make a difference. This November, make an effort to go to the polls and vote for the candidates of your choice. It would be nice if they were also candidates that organized medicine would choose, but the important part is that you exercise your right to make your voice heard. Go vote.

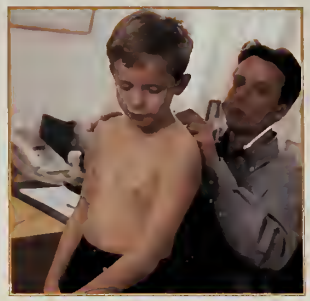
Above is information on key issues that are important to discuss with candidates you are considering. If you want to go so far, you can send for a list, compiled by the OSMA's political action committee, OMPAC, that will tell you precisely who to vote for.

But the important thing is that you vote. You can't change today's complex health-care environment unless you are willing to go to the polls and have your say. You can't make a difference if, come Nov. 7, you are still sitting in your office, or at home, or anywhere else, for that matter. The only difference you can make in improving health care for Ohio patients and improving the way that health care is delivered is to go to the polls. So circle the date on your calendar. Double-check where you're supposed to vote if you have to. Then go Vote.

TREND WATCHING

How's your Primary Care?

Which primary care physicians rate an "A" from their patients? National Research Corporation (NRC) is taking that question to the top 100 U.S. metropolitan areas – beginning with Portland, Oregon, then moving to Cincinnati.



NRC says it's probing down to the individual physician level because the patient/physician relationship shapes consumers' impression of a health plan, a medical group, and the services they receive. If consumers are happy, they are not only more likely to retain the plan, but to recommend it to others.

The company expects to have data on 100,000 primary care physicians by the end of next year. Fifty completed surveys on each physician will be required. Patients rate their doctors on overall satisfaction, access to care, perception of technical competency, communications, and completion of key components on a visit checklist. ■

Want to see results?

NRC says it will post results of the first two market surveys (including Cincinnati) on its Web site, www.nationalresearch.com in October. The online version of *Ohio Medicine* will link you directly.

LEGAL CONTRACTS

All-products clauses

If you're signing contracts that force you to participate in all of a plan's products, even those that don't exist, let the OSMA know.

The association opposses all products-policies because:

1.) **They're anti-competitive.**
They can give unfair market advantage to an inferior product by linking it to a superior one.

2.) **They're all different.**
HMOs are different products from PPOs. They require physicians to assume greater insurance risk, which may not be a viable option for some smaller practices.

3.) **They're one-sided.**
With all-products clauses, health plans have one-sided control that threaten both physicians with economic failure and patients, with disruption of service, as well as access problems if physicians are terminated or forced to leave the plan.

The OSMA is collecting information from physicians who are asked to sign these types of contracts. If widespread use of these clauses is documented, the OSMA will seek legislative or regulatory relief. If you have been presented with a contract with an all-products clause, notify the OSMA Division of Legal Affairs, (800) 766-6762, email:legal@osma.org. ■

Take Action

The OSMA has published a policy paper on this subject. For a copy, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for item #38-00, or you can find a copy on the OSMA Web site, www.osma.org.

AT A GLANCE

GONE, BUT WHO'S COUNTING?

ELECTRONIC PRACTICE

Techno-secretary

For the past five years, Noel Free, MD, has run his private practice as well as the psychotherapy training program for the Department of Psychiatry at the University of Cincinnati Medical School, using a Palm Pilot™.

Here's how he says the device has assisted him:

Scheduling: "I keep my entire schedule on my Palm Pilot™ It's easy to set up and make appointments from any location – and I enter them so that I can print a week at a time. My secretary actually does my billing from this schedule – it's accurate, automated, and clear."

Contact manager: "This device has a superb contact manager that is sensible and user-friendly. From any location, I can easily find phone and fax numbers, e-mail addresses, etc., on any patient, associate, lab...all in one place."

"To do" system: "The device also has a user-friendly 'to do' system – it's easy to park reminders to myself and simple to add, adjust and delete tasks as needed."

Documents: "MicroSoft Word or Excel documents can be quickly imported into the PalmPilot™. For instance, using my PalmPilot™, I can access a chart I've created in Excel that tells me how to convert dosages."

Up-to-date technology: "New software is continually created for this device. One example is a remarkable new program called ePocrates that lists almost every drug, its generic counterpart, effects and dosages. It's not the whole PDR, but it's the core information. You can access the ePocrates Web site and download this program and its updates for free and as often as you'd like."

Data backup: "When you buy your PalmPilot™, you also receive a CD-Rom and connection for your PC which allows you to do a 'hot sync.' This is a bi-directional update for your computer and your PalmPilot™. If anything ever happens to your device, all you need to do is purchase a new one, hook it up to your computer and download your schedule, 'to do' lists, contact manager and documentation. It's fast, easy and affordable."

Costs range from $200-350. Dr. Free says: "But it's almost an insignificant quantity compared to what I've gotten out of it. For me, the time savings is worth thirty times more." – *Katie Kiley*

There are many types of hand-held scheduling devices on the market. Ohio Medicine does not endorse this product or any other scheduling device

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ORGAN DONATION

Whose wishes prevail?

Patients can sign an organ donor card, but when they die, their organs may stay with them, thanks to family wishes which, in Ohio, can override the potential donor's. Does Ohio need a law making the deceased's decision binding? The Ohio Legislature is taking a look at that question through two bills:

House Bill 658
Rep. Greg Jolivette' s (R-Hamilton) bill says a donor's wishes should take precedent over contrary wisbes by the donor's family.

House Bill 683
Rep. William Schuck (R-Columbus) wants a study group to examine whose wishes should prevail. Organ procurement groups say: "Been there, done that. Let's save lives"

The OSMA's take:
HB 683 hasn't been considered by the Task Force on State Legislation, but the Task Force is opposed to HB 658. That's because a provision allows the Ohio Department of Health to forward educational information on organ donation to an Ohio driver who declines to donate organs. That's too much intrusion, say task force members. ■

Want to know more?: Contact Marla Bump, OSMA Department of Legislation, (800) 766-6762, Ext. 6741.

LEGAL REVIEW

A patients' rights checklist

Two years ago, the Physician-Health Plan Partnership Act ensured a number of managed-care reforms. Are all (non-ERISA) health plans complying? If not, the OSMA wants to know about it. Check out the plans you work with:

❑ **Pre-authorized treatment is reimbursed.** If a health plan preauthorizes a treatment option for an eligible patient, they may not retroactively deny reimbursement for "medical necessity" reasons.

❑ **Standardized credentialing form is** accepted. All licensed health insurance corporations operating in Ohio must accept the standard form developed by the Ohio Department of Insurance (ODI). (The form is available on disk through the OSMA, and is free to members. See below to order.) Plan may request additional information, however.

❑ **Standing referrals are made.** Plans with a gatekeeper requirement must allow patients to obtain a "standing referral" to a specialist if ongoing specialist care is needed for a chronic health problem.

❑ **Nonformulary drugs are accepted.** If you practice under a plan with a restrictive drug formulary, you may prescribe a non-formulary drug (without penalty or additional cost sharing) if you determine the drug is ineffective or harmful to the patient.

❑ **Emergency services are reimbursed.** Plans must pay for emergency services (prudent layperson definition) at participating hospitals, and for the cost of stabilization (not follow-up care) at nonparticipating hospitals.

If you know of any violations of the managed-care reform law, forward the information (you may do so anonymously) to the OSMA Department of Ombudsman Services. (800) 766-6762, email: ombud@osma.org. ■

Need a credentialing disk?: To order a copy of the ODI's standardized credentialing disk, call the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #37-00.

Got a question? Ask the OSMA

Don't wait until business hours to get an answer to your question, just click on the Ask the OSMA icon on the OSMA Web site (www.osma.org).

Ask the OSMA, a new software program, gives you three options to finding an answer to your question any time of the day or night.

For answers to your questions you can:

- Type in a key word(s) and hit the Ask the OSMA button;
- Surf through the Frequently Asked Questions and see if you can find your answer on your own; or
- Use the Personal Assistance feature and type in your question and e-mail it to the OSMA.

Some of the questions the OSMA has received so far include; a small group practice looking for direction in setting up a coding compliance program for their physicians; a member inquiring how he could change his status from "retired" to "active" since he is now working part time; and someone wanting to know how to find the HMO Insurance rating listings.

The OSMA knows Web users don't want to wait for answers. They want information right now. Using **Ask the OSMA** empowers users to find their own answers, unhampered by delaying e-mail or frustrating telephone calls.

Visitors to **Ask the OSMA** will find information fast and immediately. However, if your answer isn't in one of our FAQs – type in your questions and e-mail to us and we'll get back to you within 48 hours. This method helps not only you, but other members as well. If you're questioning something, there's a good chance other members may be too. The FAQ information will grow with each user contact and response, making the most useful information the most accessible. Questions from our members will give the association a better idea of what information should be provided whether through the Web site or publications. This will result in better service to members.

In addition, this new program will also notify you automatically of changes in particular bills and laws in which you have indicated an interest.

Your questions do not need to be just about the association or membership. Your questions may be relative to any OSMA service, including legal, legislative, ombudsman, and educational services. Got a question? – **Ask the OSMA.**

Obituaries

JOHN H. BLACKBURN, MD, Flagstaff, AZ, Ohio State University, College of Medicine, Columbus, OH, 1942; age 87; died July 3, 2000.

ROBERT A. BORDEN, MD, Fremont, OH, University of Michigan, Medical School, Ann Arbor, MI, 1943; age 80; died July 23, 2000.

CHARLES F. CLARK MD, Lancaster, OH, Ohio State University, College of Medicine, Columbus, OH, 1942; age 82; died July 21, 2000.

FRED A. ELKUS, MD, Cincinnati, University of Cincinnati, College of Medicine, 1952; age 72; died Aug. 17, 2000.

JOHN H. KALKI, MD, Beavercreek, OH, Medical College of Virginia Commonwealth University, School of Medicine, Richmond, VA, 1956; age 74; died July 29, 2000.

LAWRENCE J. MERVIS, MD, Columbus, OH, Ohio State University, College of Medicine, Columbus, 1962; age 63; died Aug. 3, 2000.

HERBERT R. MOORE, MD, Dayton, OH, University of Illinois at Chicago Health Sciences Center, Chicago, 1942; age 83; died Aug. 16, 2000.

JOSEPH FRANCIS MORABITO, MD, Euclid, OH, Loyola University Stritch School of Medicine, Maywood, ILL, 1943; age 83; died Aug. 9, 2000.

The OSMA store is available for online orders at www.osma.org

The OSMA Store

❑ **Wage/salary survey – nonclinical** Orders continue to pour in for the OSMA's first-ever wage/salary survey on nonclinical staff. The report, based on survey results, provides a good look at what a specific Ohio marketplace pays for office help. Copies are $15 for members, $50 for nonmembers. To order, complete the form at right.

❑ **Wage/salary survey – clinical** The OSMA's nonclinical wage/salary survey report proved so popular, that a second survey has been completed, focused entirely on clinical staff members (nurses, etc.). For a copy of this survey, complete the form.

❑ **Updated Model Medical Staff Bylaws** An updated version of the OSMA's Model Medical Staff Bylaws is now available from the Department of Legal Affairs. The bylaws have been updated to comply with the latest JCAHO accreditation standards, new laws and other regulations. Payment must accompany all orders. To order, complete the order form at right, and send with a check for $52.88. Tax-exempt facilities may send a check for $50 plus a blanket certificate of exemption form.

Mail to OSMA Publications, 3401 Mill Run Drive, Hilliard, OH 43026

Fax to (614) 527-6763

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A Publication of the Ohio State Medical Association

Ohio Medicine

November 2000

What you need to know...

HMO financial stability report ready

Members can learn which Ohio HMOs are on shaky financial ground by studying the quarterly *HMO Financial Stability Report*, published each quarter by the OSMA. The latest update, describing the financial health of HMOs operating in Ohio, is now available for review. For a copy, contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580 and ask for Item #40-00, or online at www.osma.org.

Influenza vaccines delayed

The Centers for Disease Control (CDC) confirm that physicians should expect a one-month delay in receiving flu vaccine supplies. As many as 18 million doses may not be distributed until December. Vaccination efforts should continue as late as February, says the CDC, and every effort should be made to see that high-risk individuals are vaccinated first.

OIG releases compliance guide for physicians

The Office of the Inspector General (OIG) issued its Compliance Program Guidance for Individual and Small Group Physician Practices in September. As a service to OSMA members, the association's Division of Legal Affairs has prepared an outline of OIG guidance to help members better understand the seven steps the OIG recommends for implementing a compliance program, as well as potential risk areas of which physicians should be aware. For a copy of the OSMA outline, contact the ***Ohio Medicine*** reader response line, (800) 766-6762, Ext. 6580, and ask for Item #39-00.

Next board target: In-office surgical procedures

The State Medical Board of Ohio's Scope of Practice Committee is examining whether or not to propose rules to regulate in-office surgical procedures. Among the issues the committee will examine is if physicians should administer anesthesia in office settings and if they do, is there sufficient backup to handle emergencies that may arise during the procedure.

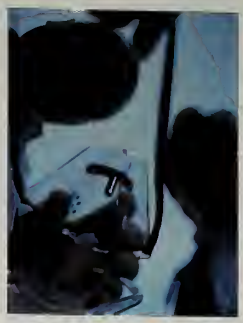
LEGISLATION

Sounder HMOs?

When an HMO becomes insolvent, it means it doesn't have enough revenue to cover expenses. That can be bad news for doctors who have provided services to the HMO's enrollees. In an effort to bolster the financial stability of HMOs, and to help prevent future insolvencies, House Bill 714, sponsored by Rep. David Evans (R-Newark), would require HMOs to meet higher financial solvency requirements by establishing four oversight levels for those considered "at risk" by the Department of Insurance. Each level moves the unstable HMO towards a risk-based capital model, considered the most accurate measure of financial stability.

The bill has passed the House and is currently in the Senate. ■

What to do until the law passes:
The OSMA provides as a service to members a quarterly report, rating the financial stability of the more than 30 HMOs operating in Ohio. For a copy of the latest report, log onto www.osma.org, or call the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for Item #40-00.

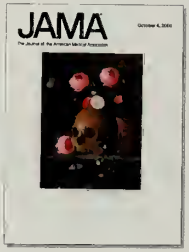


Will HB 714 revive HMO stability?

HCFA STUDY

Ohio's health care quality is 'average'

When it comes to the quality of health care, Ohio ranks in the middle, according to a national study of Medicare quality indicators, released recently, by the Health Care Financing Administration (HCFA).



The year-long study measured two dozen indicators for six medical conditions, and tracked their prevalence in the Medicare population. The information, compiled by the national network of Peer Review Organizations, appeared as a state-by-state comparison in the Oct. 4 issue of the *Journal of the American Medical Association* (*JAMA*). Overall, Ohio ranked in the middle.

The AMA commented at a news conference following the release of the data that it welcomed the study as a "yardstick for success."

"Physician groups helped identify areas where we knew improvement was possible. Now, we have a baseline measure, and we're headed in the right direction to make our health-care system – already considered by most to be the best in the world – even better."

To view a copy of the report: See the Oct. 4 issue of *JAMA*, or go to www.ama-assn.org and click on *JAMA*. To download a copy of the educational fact sheets on the six medical conditions studied, go to www.keproine.com. ■

How do you like it so far?

Last month, *Ohio Medicine* came to you in its new, streamlined format – designed to save you time but still keep you abreast of the latest legislative, legal and reimbursement news.

Advertising, except for the back cover, has been eliminated so that the only messages you receive now are those you need to know to practice most effectively in today's managed-care climate.

Stories are shorter, graphics are bolder and the format has been designed to keep you moving through the pages.

What do you think of the changes so far? Does it achieve its goal of saving you time while keeping you informed? Let us know. ■

Send us your feedback:
Please e-mail your comments and suggestions to ohiomed@osma.org.

OSMA
3401 Mill Run Drive
Hilliard, OH 43026
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President's Perspective

TIME FOR A CHANGE?

At about the time you read this, the OSMA Council will be meeting. I think this will be one of the most important council meetings we have had in the six years I have been on council. We will be discussing changing the focus of the organization.

At our July meeting, the council authorized the officers and staff to explore the possibility of developing new OSMA subsidiaries and focusing more on practice management.

In the past, the OSMA has fought for physicians and their patients through advocacy and education. However, the effect that managed care bas had on Ohio's medical practices in recent years has prompted OSMA to develop a new focus – a focus that helps medical practices thrive in today's unpredictable environment of health care. For example:

The council will evaluate the possibility of developing a Web portal. The portal will be designed for quick and easy access to information and applications that make the practice of medicine less complicated and more satisfying. Applications that are being explored include eligibility verification, claim submissions, scheduling, accounting and electronic prescriptions.

The council will also review a business plan in the area of practice management consulting. The service will capture the spirit of OSMA's dedication to helping physicians and their practices, while providing creative strategies and techniques to improve the bottom line. Some of the areas that are being explored are electronic billing, office management and strategic planning.

A further area of exploration is access to focused legal services. These legal services will be designed to provide specialized legal representation to physicians and practice managers that can't be offered by current OSMA in-house legal staff. It will be a trusted source for legal advice with lawyers well-versed in the legal aspects of medical practice. This month, council will review the feasibility and proposed business plan of this service.

Much work needs to be done. This month, we plan to review proposed business plans for these areas, and determine whether or not they are feasible, and likely to be successful. Nevertheless, you can see that your OSMA Council is working hard to forge a new direction for our organization — one that I think will better serve our members and their patients. I am very proud of our council, and thank them for their hard work.

- Walter J. Wielkiewicz, MD, President

Get answers to your questions 24 hours a day

Even after hours the OSMA can give you the information you need – when you need it.

Visit the OSMA Web site, www.osma.org, and click on the "Ask the OSMA" icon. Surf the FAQs, type in key words or use personal assistance to find answers to your questions.

COMPLIANCE HOW-TO

Step 5: Monitoring and auditing

What triggers a Medicare audit? Could be a number of things, say Bill Frew and Keith Wilson of Adams and Associates. Some examples:

- Random audits (sometimes, it is just the luck of the draw);
- Abnormal coding patterns;
- Over-utilizing tests;
- High-dollar practices;
- Continual noncompliance.

Or you could simply have ticked off the wrong person at Medicare.

If a Medicare auditor shows up at your door, breathe. Then, say Frew and Wilson, call your attorney and catch up on your filing. Hopefully, you have conducted your own periodic reviews in billing and coding, medical records, medical necessity and documentation, and have trained your staff what to do in case of an audit. Ideally, one person in your office (your compliance officer) should be the auditor's contact.

Now that an auditor is here, conduct your own internal chart review, and when the auditor issues his/her report, decide whether or not to accept the auditor's findings. You can appeal if you believe the report is in error.

Frew and Wilson urge you to perform quarterly reviews of your compliance program, and a quarterly review of the physicians in the practice as well, using productivity reports. "Do your own report card," they suggest. Document your auditing and monitoring activities, and take corrective or disciplinary action if necessary.

Take Action

The OSMA Department of Ombudsman Services has an E/M coding audit service that is offered to members (at a reduced fee) and to nonmembers. In addition to peace of mind, members have saved hundreds of dollars through these audits. If you're interested in the service, or would like more information, contact Jillian Phillips, OSMA certified coding consultant, e-mail: Jphillips@osma.org or call her at (800) 766-6762, Ext. 6758.

How to develop a compliance plan

Step 1 HAVE WRITTEN STANDARDS (JUNE OHIO MEDICINE)

Step 2 APPOINT A COMPLIANCE OFFICER (JULY)

Step 3 DELEGATE AUTHORITY (AUGUST)

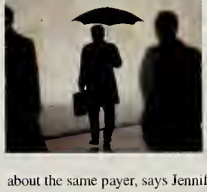
Step 4 TRAIN YOUR STAFF (SEPTEMBER)

Step 5 MONITOR AND AUDIT YOUR PRACTICE (NOVEMBER)

Step 6 ENFORCEMENT, DISCIPLINE AND REPORTING (NEXT MONTH)

THIRD PARTY HASSLES

If it rains, it pours



You know you have third-party hassles when 17 of your members call in to complain about the same payer, says Jennifer Hyle, OSMA Department of Ombudsman Services. That happened recently, and she is working, now, to sort out the concerns so that they may be addressed by the OSMA.

"Our members were not calling in with just one complaint against this company," says Hyle. "Each caller had anywhere from five to 10 issues with the payer, ranging from medical necessity decisions to timely reimbursement."

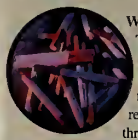
The ombudsman department's job is to sort out the concerns of members and address them collectively. "If you are having problems, chances are, you're not the only one," says Hyle. "But we need to hear from you before we can work on them." ■

Dealing with a third-party hassle?: Contact Jennifer Hyle, (800) 766-6762, Ext 6757, e-mail: ombud@osma.org.

TOBACCO CONTROL

A smoke-free future?

The theme for the 11th World Conference on Tobacco or Health, hosted by the AMA among others, was "Promoting a Future Without Tobacco." Conference highlights included:



WHO's global solution...
The World Health Organization will focus on efforts to promote a global solution to tobacco use through a Framework Convention on Tobacco Control; an international treaty on tobacco control; and a new legal instrument which will develop a set of rules and regulations to govern the rise and spread of tobacco products throughout the world in the coming century.

Nicotine addiction...
Developments in the science of addiction show nicotine stimulates production of dopamine and norepinephrine, with spikes similar to that of cocaine, THC, and methamphetamine. More than 50% of regular smokers become addicted, and 32% who first sample become addicted vs. 23% for heroin, 16% for cocaine, and 15% for alcohol. Smoking "free-bases" nicotine into the arterial circulation and the brain much faster, and at a higher concentration than even intravenous injection, clearly contributing to the addictive potential of smoking and to the potent cardiovascular effects of nicotine.

Nicotinic brain receptors...
The study of nicotine and nicotinic brain receptors is expanding exponentially. According to Francis Leslie of the University of California and others speaking to adolescent use: "Critical periods are evident during which nicotine exposure can produce profound and long lasting changes in brain function. Children's brains may respond to the nicotine content of tobacco in ways that are strikingly different from adults."

Tobacco's dirty little secrets...
Continued revelations by former tobacco industry scientists-turned-whistle blowers regarding secret research on nicotine addiction, additives, manipulation of nicotine, and efforts to shut down or hide any negative results shocked even the relatively jaded audience of tobacco control experts.

Genetic predisposition...
Studies show genetic predisposition can also be a factor in initiation, smoking volume and persistence in smoking behavior. Several scientists reported that they may be nearing isolation of relevant genetic markers for nicotine and tobacco use.

Physician's role...
The role of the physician in treatment is important to successful cessation. While the future holds possible genetic and vaccine treatments, Richard Hurt MD, director of the Nicotine Dependence Center at the Mayo Clinic, discussed treatment tailored to the patient. The efficacy of cessation therapy is dramatically increasing, and there appears to be value in combining two types of nicotine replacement (long-acting and short-acting), and bupropion. – *Theda Jessen, Rob Crane, MD*

Tobacco board member
Herman I. Abromowitz, MD, Dayton, has been appointed to the Tobacco Use Prevention and Control Foundation Board by Gov. Bob Taft. The board, created by Senate Bill 192, will help determine the allocation of the state's share of the tobacco settlement fund by preparing a plan to reduce tobacco use, specifically among youth, minority and regional populations, pregnant women and others disproportionately affected by tobacco use.

Legislative status report

	House	Senate
Senate Bill 172 Extends physician-patient testimonial privilege to pharmacists.	✓	✓
Senate Bill 248 Authorizes pharmacists to administer five immunizations: tetanus, influenza, pneumonia, and hepatitis A and B vaccines	✓	✓
House Bill 508 Sets the maximum charge for records retrieval at $15 and allows a charge of $1 per page for the first 10 pages, smaller charges for each additional page. (See page 7 for more details.)	✓	
House Bill 642 Creates the Council on Stroke Prevention and Education.	✓	✓
House Bill 660 Parents who desert a child less than 72 hours old, in accordance with certain procedures does not commit a criminal offense.	✓	

For updated news on Ohio legislation, check www.osma.org.

WHAT'S NEW?

Medical staff bylaws

An updated version of the OSMA's Model Medical Staff Bylaws is now available from the Division of Legal Affairs.

The bylaws have been updated to comply with the latest JCAHO accreditation standards, new laws and other regulations.

The OSMA model is an excellent resource for any medical staff, no matter how large or small or where the staff may be located. Price of the bylaws is $52.88 (includes tax); the cost for tax-exempt facilities is $50 plus a blanket certificate of exemption form. ■

To order:
Copies of the bylaws may be ordered through the OSMA store, located at www.osma.org or by calling the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and asking for Item #41-00. You will be sent an order form on which you can place your order.

OSMA SURVEY

Technology *Questions*

Q1. Do you use personal computers (PCs) for scheduling?

Q2. Do you use your PC for claims submission/billing?

Q3. Does your office have a plan to address HIPAA compliance issues?

Q4. Do you use the PC for keeping medical records?

Go to www.osma.org/tech-survey.asp by Monday, Nov. 13 to answer the survey questions.

(If you have already responded to this survey through an e-mail prompt, thank you. It's unnecessary to respond a second time.)

SUPREME COURT

Decisions favor medicine - for a change

Three cases on the Supreme Court docket recently had to do with health care. The court's decisions on the cases mean:

Legal damages kept in check

Two recent rulings by the Ohio Supreme Court are noteworthy for medicine because the court did not expand legal theories or damage awards available to the plaintiffs. The court has tended to expand awards to plaintiffs at the expense of physician defendants. In the first case, *Hester v. Dwivedi*, the court refused to recognize a "wrongful life" claim. This was a decision that upheld and affirmed existing Ohio law.

In the second case, *Simmerer v. Dabbas*, the court refused to expand the damages available to the parents in a wrongful pregnancy claim.

Physician/patient privilege still applies

Even if an individual is ordered into treatment by the courts for a substance abuse problem, the communications between patient and provider as part of that treatment, are still privileged, said the Supreme Court, and information about the treatment cannot be released without the patient's consent. (Case: In re. Weiland)

HESTER V. DWIVEDI

Case: Girl born with spina bifida

Parent's claim: The parents alleged the physician negligently informed or failed to inform them of test results they said showed abnormalities.

Sued for: Compensation for medical expenses, emotional distress.

Supreme Court decision: Physician negligence may have caused an unwanted birth, but didn't cause the birth defect. The court indicated it wasn't appropriate for it to weight the value of being, even with handicaps, versus nonbeing.

Voting for the majority: Chief Justice Thomas Moyer, Justices Francis E. Sweeney, Deborah Cook, and Evelyn Lundberg Stratton.

Dissenting: Justices Andrew Douglas, Alice Robie Resnick, Paul E. Pfeifer.

SIMMERER V. DABBAS

Case: Boy with congenital heart defect, died at 15 months.

Parent's claim: Sterilization procedure negligently performed (settled out of court.) Claimed damages for emotional distress and for the child's medical bills.

Supreme Court decision: The physician's negligence in performing the procedure was not the proximate cause of the medical expenses and emotional distress associated with the child's heart defect.

Voting for the majority: Chief Justice Thomas Moyer, Justices Deborah Cook, Evelyn Lundberg Stratton, and Paul E. Pfeifer.

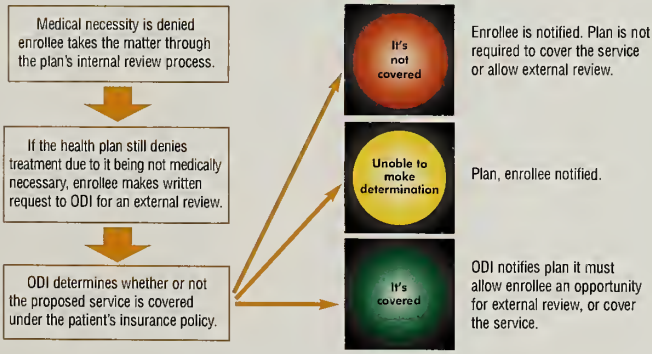
Dissenting: Justices Andrew Douglas, Alice Robie Resnick, and Francis E. Sweeney.

How external review works

House Bill 4, Gov. Taft's Patient Protection Act, allows patients to seek the opinion of an independent panel of medical experts to resolve disputes about medical necessity decisions. The Independent Review Organizations (IRO), which must be approved by the Ohio Department of Insurance (ODI), employ physician clinical peers who have no ties to the health plan to conduct the reviews. Here is how the process works:

Questions?

If you have questions or would like more information about the external review process, provided under House Bill 4, contact Nick Lashutka, Department of Legislation, (800) 766-6762, Ext. 6747.



Score card

Since the external review law's inception on May 1 of this year through Sept. 30, 26 cases have been sent to the IRO for an independent review to determine whether the proposed treatment is medically necessary. Five cases remain open; 21 cases have been settled. The decisions on the settled cases breakdown as follows:

- In favor of insurer: 13
- In partial favor of patient: 2
- In favor of patient: 6

Patients whose cases are denied based on the plan's determination that the service isn't covered under the patient's insurance policy (as opposed to it being not "medically necessary") may appeal this decision to the ODI.

As of Sept. 30, 25 of those cases remain open; 31 cases have been settled. The following breakdown reviews cases where ODI has determined whether or not the proposed course of treatment is covered under the patient's insurance policy:

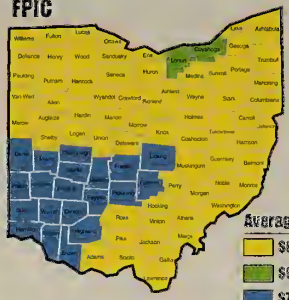
- In favor of insurer: 10
- Sent to independent review because a medical necessity issue exists: 7
- In favor of patient: 8
- In partial favor of patient: 1
- Sent to ODI office of consumer services: 3
- Withdrawn after the health plan decided to pay: 2

AT A GLANCE

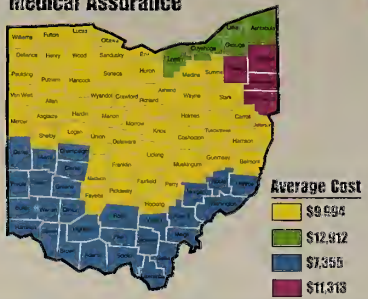
Malpractice rates for internists

Medical Liability Monitor has released its annual report, "Trends in 2000 Rates for Physicians' Medical Professional Liability Insurance," which provides an overview of the rates of physician liability insurance around the country, and in three specialties. *Ohio Medicine* will reproduce Ohio-specific information for each of the three specialties: internists, obstetrician-gynecologists, and surgeons, with permission from *MLM*. This month, the information for internists is presented in chart form below, with the exception of Professional Advocate Insurance Co., which lists a cost of $8,811 for internists in Cuyahoga; $7,833 for internists in Lake, Geauga, Lorain and Ashtabula; $4,846 in Southern Ohio; and $5,727 in remaining Northern Ohio counties. Copies of the full report, which includes the percent of change since the previous year's report, are available for $30 each from *Medical Liability Monitor*, P.O. Box 11147, Chicago, IL 60611-0147. Next month, *Ohio Medicine* will feature malpractice costs for OB-GYNs, and in January, the costs for general surgeons will be featured.

FPIC



Medical Assurance



PHICO, Kentucky Medical, ProNational

LEGISLATION

Flu shots: The pharmacist will see you now

Although the OSMA has concerns over Senate Bill 248, a measure that establishes standards for the administration of immunizations by pharmacists, OSMA negotiations with the pharmacists have produced the following caveats:

- All immunizations are to be administered to adults only.
- All shots are to follow a protocol set by physicians.
- Only five immunizations may be administered: influenza, tetanus, pneumonia, hepatitis A and B vaccines.

In addition, pharmacists are required to complete board-approved course work that, at a minimum meets CDC requirements, in administering drugs before they may provide the service to clients.

The bill, at press time, had been passed by both the Senate and the House. For more current updates on this bill and other pending legislation, check the OSMA Web site, www.osma.org.

Need more information? Contact Marla Eshelman Bump, Department of Legislation, (800) 766-6762, Ext. 6741.

PRACTICE TIPS

Managing "time off" requests

Rocco DeFrancisco, JD, director of operations for an orthopedic group in Indiana, told participants in the OSMA Cost Cutting Seminar about his office's procedure for asking for time off. Here is what his office does:

- Requires "time off" requests in writing

Any time an employee needs to take time off for any reason, they must complete a form that is signed by the director of operations. The time off must be pre-approved, dated and returned to the requesting employee.

- Asks for pre-approved requests

"I've instructed the employees to make sure they get all time-off requests cleared within their own department before ever filling out a time-off request for my signature," says DeFrancisco. That accomplishes three goals: 1.) The responsibility of approving time off is shifted from his position to the employee's colleagues. 2.) Making each department deal with the time-off issue forces the employees in each department to rely on each other, which helps avoid resentment for time-off requests. 3.) Having the requests in writing allows both the employee and the administrator to avoid confusion and confrontation should there be a dispute over personal, sick or vacation time used.

- Uses the "draw" to settle disagreements

The practice's employee handbook states the following: "If the personnel working in each department (insurance and billing, nurses and employees working in check in and check out) can't agree on who shall use each particular day before and after each holiday, the director of operations shall, at his discretion, allocate who is to receive each day. The director of operations may create and use a "draw" system, thereby having a random selection to decide which employees will receive the days preceding and following the above stated holidays."

Next month, DeFrancisco describes how he corrected a problem with employee personal/sick days. ■

CIVIL RIGHTS

Accommodating mother tongues

Can you make yourself understood about medical care issues when you are dealing with a patient who speaks a foreign language? If not, and you're seeing patients in your practice with limited English proficiency (LEP), the federal Office for Civil Rights (OCR) recently issued guidance, by statute, about communicating with patients using the most frequent foreign languages you encounter "although OCR's policy may be subject to further change." Here's a brief summary of the guidance highlights:

Who's affected: Private and public institutions, organizations and individuals, including physicians who receive federal financial assistance from the U.S. Department of Health and Human Services (Medicare/Medicaid providers).

Basic compliance:

1.) Assess the language needs of the population you serve.
2.) Develop a comprehensive written policy on language access.
3.) Train staff on the policy.
4.) Vigilantly monitor the program.

Oral interpreters: You may use bilingual staff, hire staff interpreters, use contract interpreters, or community volunteers if the volunteers are competent interpreters, and understand their confidentiality obligations. (Community volunteers should be considered an option only if other services are not available.)

Patient's family members as interpreters: OCR policy appears to discourage the practice of using a patient's family members or friends as interpreters. They may only be used after free interpretive services have been offered, declined, and documented.

Written materials: Should be routinely provided, especially vital documents, like consent forms, participation letters, etc. The OCR will help determine which documents are deemed vital.

Flexibility: According to the guidelines, solo practitioners, those with more limited resources, and those who serve small numbers of LEP patients on an infrequent basis will have more flexibility in meeting their obligations.

Enforcement: No person may be denied meaningful access to a Medicare/Medicaid recipient/covered entity on the basis of national origin. OCR will assess compliance on a case-by-case basis, and will take into account the size of the practice, the size of the LEP population, total resources available to the physician and other factors.

There's more: For more information, contact Office for Civil Rights, Room 506F, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. For the entire policy guidelines, see Federal Register, Vol. 65, No. 169, Wednesday, August 31, 2000, p. 52762-52774.

Translator on call

Where to go for translating services

Emergency services
Language Line Services provides 24-hour, over-the-phone interpretation in 168 languages, with or without a contract. Contact (800) 528-5888. Call (800) 821-0301 for a free recorded demonstration.

Employee volunteer language bank
Comprised of staff from all areas of the hospital, it's designed primarily for interpretation of general, customer-service related needs.

OSMA EDUCATION

People skills

The OSMA's eight-part human resource education series begins this month with two half-day sessions Nov. 2 on "Writing an Effective Employee Handbook" (9 a.m.-noon) and "Dealing with the Difficult Employee" (1-4 p.m.) Here's more information on the series:

"Writing an Effective Employee Handbook"

Upcoming topics:

- Developing a staff budget and salary matrix;
- Building a right-size staff;
- Recruiting/retaining the best employees;
- "Win-win" performance reviews;
- Employee relations – a legal/compliance checkup;
- Managing change and team building.

Where: All sessions will be at the OSMA headquarters in Hilliard.

Available CME: Per session: 3 hours of category 1 CME.

Total series: 24 hours category 1 CME.

Cost: $775, member; $995, nonmember (for 8-part series).

Information/registration:
OSMA Department of Educational Services, (800) 766-6762, e-mail: education@osma.org

The OSMA Store

❑ **Wage/salary survey – nonclinical**
Orders continue to pour in for the OSMA's first-ever wage/salary survey on nonclinical staff. The report, based on survey results, provides a good look at what a specific Ohio marketplace pays for office help. Copies are $15 for members, $50 for nonmembers. To order, complete the form at right.

❑ **Medical Staff Bylaws**
Copies of model bylaws for medical staffs, updates by the OSMA, will be available soon. You will receive a form on which you can place your order.

Mail to
OSMA Publications,
3401 Mill Run Drive,
Hilliard, OH 43026

Fax to
(614) 527-6763

The OSMA store is available for online orders at www.osma.org.

Please send the items checked to (PLEASE PRINT):
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OSMA Member? Yes ___ No ___
Total number of publications ordered _____
Total amount due _____

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❑ Please charge $_____ to my: ❑ Mastercard ❑ Visa
Account # _____ Expiration date: _____
Cardholder's name _____
Signature _____

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A Publication of the Ohio State Medical Association

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MEDICAL BOARD REPORT

Surveying the board's pain rules

Members of the State Medical Board of Ohio's Ad Hoc Pain Management Advisory Committee have developed a survey that will attempt to evaluate the acceptability of the board's present rule for the treatment of people with chronic pain.

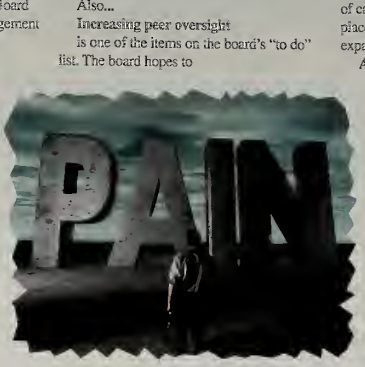
The pain rule came about as a result of a legislative mandate that sought to improve the way that physicians prescribed for pain. Many physicians stated that they under prescribed medication or did not prescribe at all for fear of board retribution.

The rule is due to be reviewed soon, and the board wanted input on whether or not it's working the way it should. The board intends to mail its survey to all of the 87 designated pain management specialists and to a random selection of other groups, including primary care physicians, general internists and orthopedists. The survey is intended to discover not only if the rule works for the pain management specialists, but also whether or not the rule has helped the other groups heighten their awareness of pain management issues.

The board expects a return rate of 10-20%.

Also...

Increasing peer oversight is one of the items on the board's "to do" list. The board hopes to expand its Quality Intervention Program (QIP) next year by creating a panel of three physicians to look at cases dealing with office practice issues and sexual boundaries. The board is also reviewing the possibility of creating a specialty panel to review malpractice cases. Presently, the QIP experts panel, composed of physician volunteers, reviews cases that address minimal standards of care. A supplemental request has been placed in the board's draft budget to fund the expansion.



Acupuncture applications are pouring in to the board, many of them from physicians who may not be aware that an application for licensure is unnecessary since acupuncture falls within their scope of practice. Ohio recently passed a law (House Bill 341) which requires anyone else who practices acupuncture to be designated as a current and active diplomat in acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine.

The bill requires acupuncturists to work under the direct supervision of a physician and to practice only upon the referral or prescription of a physician. The law went into effect Aug. 10.

The physician application process would be given a slight twist under a new board proposal. Instead of board staff members obtaining documentation needed to complete the application process for a physician, the physician would be responsible for obtaining the documentation for himself or herself. Appropriate language would be added in the instruction process. ■

Medicare memos

"Black box" banished...Proprietary coding edits, also known as "black-box" edits, were eliminated from the Medicare program effective Sept. 5. The Health Care Financing Administration has also decided that the use of proprietary code editing software by Medicare carriers needs to be dropped from its Correct Coding Initiative.

Toll-free lines available

The Health Care Financing Administration has instructed Medicare carriers to set up toll-free lines for providers and to publicize their availability. ■

Rack up multimedia credit

The OSMA Educational Services Department was instrumental in a recent decision of the State Medical Board of Ohio to remove the 30-hour limitation on CME obtained through multimedia, audiovisual and self-instructional activities. Now, physicians can earn unlimited hours of category 1 CME during their CME cycle via multimedia activities.

The reason for the change? An increasing number of physicians are using Web-based, computer-based, and other types of education designed to offer CME at a time, place and method that's convenient for them.

If you have questions:
E-mail the OSMA Educational Services Department at education@osma.org, or call them at (800) 766-6762. You may also call the State Medical Board of Ohio, (614) 466-3934. ■

HOUSE BILL 508

Copy costs

House Bill 508, which caps the fees that physicians and hospitals may charge for copying medical records, has passed the House, bringing it a step closer to becoming a law. If the Senate approves the bill, you'll be able to charge no more than the following for copying records that exist on paper:

- Pages 1-10.....$1/page
- Pages 11-50.....$ .50/page
- Pages 51-above.....$ .20/page

Records retrieval fee:
$15 maximum

First copy free to:
The Bureau of Workers' Compensation, the Ohio Industrial Commission, the Department of Job and Family Services.

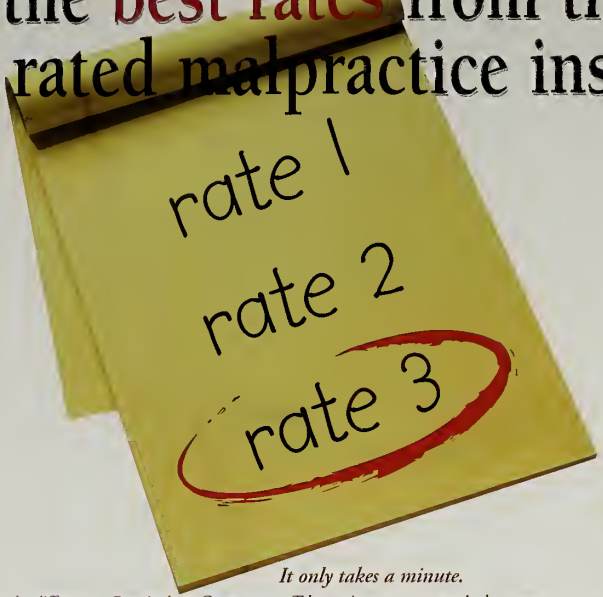
Exempt from charges:
The Departments of Mental Health and Mental Retardation and Disabilities.

Copies of nonpaper items, postage:
May be charged at cost. (In other words, if you must copy X-rays, EKG strips, etc., you may charge what the copying actually costs you.)

The bill is sponsored by Rep. Lynn Olman (R-Maumee). The OSMA has placed HB 508 under advisement.

For further information:
Contact Marla Eshelman Bump, OSMA Department of Legislation, e-mail: eshelman@osma.org, or call her at (800) 766-6762, Ext. 6741.

Get the best rates from the Best "A" rated malpractice insurers.



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Take a minute now to get the best rates on your medical malpractice insurance. Check the boxes on the form below and *fax this page* to Cunningham Group at (216) 292-8186 or call (800) 767-2262 or (216) 292-8288. We'll fax you a quotation within 24 hours, M-F.

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One-Minute Malpractice Rate Quotation

Name: _____

Primary Office Location (*mailing address*):

_____

_____

Phone # _____ Fax # _____

E-Mail _____

Specialty: _____

Have you been in practice three years or more? ☐ Yes ☐No

Do you work full-time? ☐ Yes ☐No

If no, do you work more than 20 hours per week? ☐ Yes ☐ No

Do you perform any of the following practices or procedures:

Surgery (minor, major, or assist)? ☐ Yes ☐ No

Vaginal deliveries, C-Sections? ☐ Yes ☐ No

Angiography, angioplasty, cardiac catheterizations? ☐ Yes ☐ No

Current Insurance

Type of Coverage:

☐ Claims-Made ☐ Occurence

Retroactive Date (if claims-made) _____

Amount of Coverage Preferred

Limits of Liability: _____

Fax this page to Cunningham Group at (216) 292-8186 for your malpractice rate quotation.

A Publicotion of the Ohio Stote Medical Association

Ohio Medicine

December 2000

What you need to know...

New law will boost HMO stability

Ohio may soon have more financially stable health-maintentance organizations (HMOs), thanks to the passage of House Bill 714. The bill, sponsored by Rep. David Evans (R-Newark), requires HMOs to meet higher financial solvency requirements by establishing four oversight levels for those HMOs considered "at risk" by the Ohio Department of Insurance. Each oversight level moves the unstable HMO towards a risk-based capital model, considered the most accurate measure of financial stability. The OSMA supported HB 714.

Prompt-pay suit wins victory

In a suit about the lack of prompt payment brought by Riverhills Healthcare, Inc., a Cincinnati physician practice, against three large insurers, the physicians have won an important procedural victory in court. Aetna, Humana and United Healthcare had succeeded in changing the venue for the suit to federal court, claiming that federal ERISA laws preempt Ohio's prompt-pay law. Riverhills Healthcare filed a motion to have the case returned to the state level. Federal Judge Sandra Beckwith remanded the case back to the Hamilton County Court of Common Pleas when she found ERISA laws didn't prevent an Ohio court from deciding the physicians' claim. The decision will mean that Ohio's prompt-pay law will be taken into consideration when the case is decided.

Skip the pre-approval

Physicians in the state's Bureau of Workers' Compensation (BWC) system will soon be able to treat employees during the first 45 days of an injury without first having to obtain prior authorization from the employee's managed-care organization (MCO). January 1, 2001 is the kick-off date for the pilot program. MCOs, in collaboration with the BWC, developed standardized prior authorization and presumptive approval guidelines that make it possible for physicians to provide services to patients immediately when they are treating soft tissue and musculoskeletal injuries. For full details, check the January issue of *Ohio Medicine*, or visit the BWC Web site (link to it from the OSMA Web site, www.osma.org.)

Legislature passes organ donor bill

The Ohio Legislature has passed a bill (Senate Bill 188) that rolls together all legislation introduced this session on the subject of organ donation. The bill creates a donor registry for individuals who declare their wish to donate their organs after death, and by limiting the need for family consent if such a declaration is made, the bill effectively allows the donor's wishes to take precedence over those of family members. The OSMA had opposed a similar House bill (although it supports the concept of anatomical gifts) because of a provision requiring the registry to contact individuals who decline to become organ donors. The OSMA thought that to be intrusive. The recently-passed bill does not contain this language.

Prompt pay an important victory

In a lawsuit about the lack of prompt payment and other abuses in payment practices brought by Riverhills Healthcare, Inc., against three large insurers, the physicians have won an important procedural victory in court.

Aetna, Humana and United Healthcare had succeeded in changing the venue for the suit to federal court, claiming among other things that federal ERISA laws preempt Ohio's prompt pay law. Riverhills Healthcare, a group of Cincinnati physicians, filed a motion to have the case returned to the state level.

Federal Judge Sandra Beckwith remanded the case back to the Hamilton County Court of Common Pleas when she found that ERISA laws did not prevent an Ohio court from deciding the physicians' claim. The decision will mean that Ohio's prompt pay law will be taken into consideration when the case is decided.

The OSMA is monitoring this suit closely, and is also actively supporting a prompt pay bill (House Bill 684 and its companion Senate Bill 327) that has been introduced into the Ohio General Assembly. ■

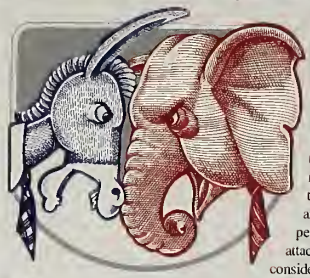
What about the prompt pay law?:
For more information on Ohio's prompt pay bill, send for the OSMA's Prompt Pay policy brief by contacting the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580. Ask for Item #12-00, or you can download the Prompt Pay policy brief by going to the OSMA Web site, www.osma.org, and go to "Legislation." To follow the bill's legislative progress check the OSMA Web site.

ELECTION 2000

One for the record books

The November 2000 election may well go down as one of the most unique in history. Consider:

- The presidential race was one of the closest in over 100 years.
- For the first time, a First Lady was elected to Congress. Hillary Rodham Clinton won her race in New York for a U. S. Senate seat, replacing Sen. Daniel Patrick Moynihan.
- Governor Mel Carnahan of Missouri, who died in a plane crash three weeks before the election, won his race for a U.S. Senate seat. His term will be filled by his widow, Jean Carnahan.
- And in Ohio, the nation's youngest candidate, 18-year old, Derrick Seaver, will serve as the 85th district's representative in the Ohio House.



"Third-party candidates were a factor in a number of races throughout Ohio and the rest of the country, including the presidential race," says Tim Maglione, JD, director, OSMA Department of Legislation. Overall, however, Ohio will not see much political change in its legislative or judicial makeup as a result of the election.

"There were a lot of open seats in this election, so we will see new faces in the Ohio Legislature this year, even though the political make-up of the Legislature will remain basically the same," says Nick Lashutka, deputy director, Department of Legislation. Ohio Senate Republicans will have a 21-12 majority, while the Ohio House Republicans will have a 59-40 edge over the Democrats.

The hotly-contested Supreme Court races resulted in victories for incumbent justices Deborah Cook and Alice Robie Resnick. The OSMA had supported Cook and had supported Judge Terrence O'Donnell in his race against Resnick.

"There is a general feeling that the negative campaign against Resnick may have had the opposite effect on voters," says Maglione. Certainly the ads contributed to name recognition for the incumbent justice, and the public, perhaps skeptical of the attacks, may have considered fairness a factor when they went to the polls to vote.

The bottom-line result of the national elections, and its impact on the OSMA's Washington legislative agenda, may come down to a simple message. 'Pragmatism will have to carry the day," says Maglione. "Without a clear electoral mandate for the new president, and a narrow Republican majority in both the U.S. Senate and U.S. House, it is clear that compromise will be a key factor in any legislative dealings over the next four years." ■

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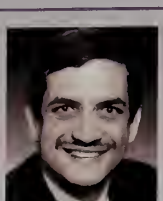

President's Perspective

GIVING BACK

"...charity begins at home..."
–Sir Thomas Browne

As this summer began, I asked my children what their plans were for their summer break. To my surprise, my oldest daughter Kristin said she was going to volunteer at our local hospital, and our Children's Services Agency. She spent several hours this past summer at these two places giving of her time.

When I asked her what gave her this idea, she said," Dad, you always say we should help others if we can." I must say that I was amazed, not only that she listened to me, but also that she took my advice. Then I realized that my younger daughter, Mandy, volunteers at church. Truly, they believe in giving back, even as teen-agers.

I think we as physicians need to give of our time, also. I know that we give millions in free care every year. That is good, but I think we also need to give our time to our communities. Who better understands the health needs of our areas than we do? Giving money is fine, but our neighborhoods need our expertise and advocacy for the benefit of all.

What can you do? You can serve on a community board, work at your free clinic, start a free clinic if you don't have one, or work at your local health department. I am sure that there are many agencies and organizations that would love to have your help in their mission. Your church is another good place to help. We do a great deal for our communities, but we can do more. We are the individuals who know what our areas need. Without our help, these needs may go unmet. Many people helped us to get where we are. We should return that favor by helping others.

During this holiday season, I urge you to get involved in your communities. If you already are volunteering, great. If not, maybe 2001 is the year to start.

On behalf of the OSMA and my family, I want to wish you all the happiest of holiday seasons, and a prosperous New Year.

- *Walter J. Wielkiewicz, MD*, President

OSMA SURVEY RESULTS

Clinical trials

The OSMA received 141 responses to its recent Web survey on clinical drug trials. The majority (80%) of respondents were members.

- Most (81%) were not currently participating in a clinical trial.
- Almost half (46%) indicated they were very or somewhat likely to participate.

If they were to participate in a clinical trial, they would like to know more about (in order of interest):

- Patient care issues;
- Paperwork involved;
- How to identify clinical trials;
- Managing the time it takes; and
- Regulatory issues.

Family physicians made up the bulk of respondents to the survey, followed by general surgeons and ob-gyns. ■

Interested in this topic?
If you would be interested in serving on a planning group to organize an educational activity on this issue, contact Mary Whitacre, OSMA Educational Services, (800) 766-6762, Ext. 6769; e-mail: education@osma.org.

WHAT'S NEW?

OSMA's education calendar

This month, look for your new calendar of educational opportunities from the OSMA. In response to members' requests, the association has placed all of its educational opportunities, programs and activities planned for 2001 into one convenient resource for you practice. Traditional CME courses, non-CME courses, and even online offerings are groupe together to create a month-by-month "catalog" that will enable you to more effectively budg educational dollars and time for both you and your office staff. Look for courses or program on such subjects as compliance, clinical trials, coding, business and practice management, a practice structures.

Of course, additional, timely topics may be offered throughout 2001 as educational needs arise. You will be notified of these programs through direct mail, OSMA publications and o the association's Web site.

The department is always happy to receive your input on possible educational topics. To provide your input, contact Educational Services, (800) 766-6762, e-mail: education@osma.org. ■

Council goes further with "new vision"

OSMA Council voted in November to proceed with making available practice management consulting services through the OSMA; establishing a Web portal; and continuing to expand educational opportunities in its efforts to create a new OSMA vision and mission.

As reported in the September issue of *Ohio Medicine*, the council cleared the way in July for the OSMA to further investigate five health-care related business ventures that would increase the association's ability to respond to member needs. However, councilors determined from the action plans presented by officers and staff at last month's meeting that the three areas mentioned above were feasible.

Council's authorization to pursue these services indicates a new direction for the OSMA. Although the association will remain dedicated to professional representation and service, it hopes to enhance its assistance to members by providing guidance in the practice management arena. ■

HR series available
Educational offerings in the practice management field continue with the new Human Resource series that began last mon and continues through July. For more information on this series, contact the OSM Educational Services Department, (800) 766-6762, e-mail:education@osma.org.

MANDATORY REPORTING

New abortion pill brings obligations

Now that the Food and Drug Administration (FDA) has approved use of a new drug for terminating an early pregnancy, the Ohio Department of Health (ODH) reminds physicians that they are obligated, by Ohio statute, to report abortions as well as post-abortion complications to the agency.

ODH Legal Counsel Jodi Govern says there is a place on the reporting form to list medications used to terminate a pregnancy, and that would include the new drug mifepristone (trade name Mifeprex) that received a green light from the FDA this fall.

The ODH issues an annual statistical report on abortions and, according to the 1999 report, out of 37,041 induced abortions, only 35 complications were reported as having occurred during the procedure, itself, and only 67 post-abortion complications were reported. The ODH is concerned that women who experience a post-abortion complication may be visiting a family doctor, ob-gyn, or emergency department rather than returning to the physician who performed the abortion, and that these other providers may be failing to report the complication.

The ODH keeps all medical information, as well as specific information (such as the name of the reporting physician), that's reported in strict confidence.

Mifepristone
Known by its trade name Mifeprex, mifepristone is the newest drug approved by the federal Food and Drug Administration for terminating an early pregnancy (49 days or less from the onset of menstruation.) A detailed medical guide, given to each patient who is prescribed the drug, describes how the drug is to be taken, the importance of compliance, and possible side effects, which include cramping and bleeding.

For more information:
Contact John Paulson, Ohio Department of Health, (614) 466-5308

Diabetes article available

The fifth article in the Diabetes Mellitus 2000 series of articles is now available to physicians who are interested in learning more about diabetes management. The articles are prepared by the Physician Committee of the Ohio Diabetes Task Force.

In this article, the authors discuss insulin insufficiency in the context of Latent Autoimmune Diabetes of Adulthood. ■

To order a copy:
Contact the *Ohio Medicine* reader response line, (800) 766-6762, Ext. 6580, and ask for item #29-00.

PRACTICE TIPS

When sick days become "vacation"

When Roccy DeFrancesco, JD, started his work as director of operations for an orthopedic group in Indiana, the office's sick leave policy gave employees two weeks for sick/personal time. The time would be replenished on the employee's date-of-hire anniversary.

"It became a problem," DeFrancisco told participants at an OSMA Cost Cutting Seminar, because employees who didn't completely use their personal time prior to their anniversary would put in for an entire paid week off. "In essence, some employees were using the time as an extra week vacation," he said.

He corrected the problem with the following policy:

- 10 paid personal/sick days are allowed per year.
- Personal/sick days are figured at the rate of .75 cents per month, with one extra day computed the month of the employee's birthday.
- Sick days may be accumulated and carried over at the end of the year, but an employee may accrue and use no more than 30 days per year. There is no monetary reimbursement for unused days.
- An employee shall be allowed to use up to five personal days a year. If unused within a calendar year, the personal time becomes sick time and then accrues with the rest of unused sick time.
- If an employee quits and has used or has been paid for sick/personal time not accrued, the amount of overpayment for the used but unaccrued time shall be withheld from the employee's last paycheck.
- Personal time may only be used in four-hour intervals. Less than four hours may be used, but not more than four unless approved by the director of operations.
- If personal time is used during a pay period where an employee works more than 80 hours, the employee's overtime will be reduced to straight pay for the amount of personal time used during that pay period.
- Personal days can't be used to take vacations or engage in other social activities. Questions concerning the use of personal days are referred to DeFrancisco.

"By only allowing employees to use four hours of personal time at once, I don't have to ask why they need the time off," says DeFrancisco. "Employees now routinely have significant personal time unused at the end of their year, whereas before it was a rarity for employees to have any personal time left at the end of the year." ■

OSMA FORUMS

Do you accept Medicaid patients?

Historically, physicians have lost money when treating Medicaid patients. However, some have indicated that with increased reimbursement from last year's state budget they are now breaking even. Has that been your experience? Are you accepting new Medicaid patients? If so, what percentage of your practice consists of Medicaid? Do you support expanding eligibility under programs, such as CHIP to low-income Ohioans? Post your comments and read those of your colleagues on this timely issue by visiting the OSMA Web site. Click on the "Forums" button.

AT A GLANCE

Malpractice rates for obstetrician-gynecologists

Last month, *Ohio Medicine* presented the malpractice rates for internists, as published in "Trends in 2000 Rates for Physicians' Medical Professional Liability Insurance," a report that's produced annually by *Medical Liability Monitor*. As promised, this month features the average costs of malpractice rates for Ohio obstetrician-gynecologists. Again, the information is in chart form with the exception of Professional Advocate Insurance Co. which lists a cost of $59,474 for ob-gyns in Cuyahoga County; $52,873 for ob-gyns in Lake, Geauga, Lorain, and Ashtabula counties; $32,711 for ob-gyns in southern Ohio; and $38,658 for ob-gyns in remaining northern Ohio counties. Copies of the full report, which includes the percent of change since the previous year's report, are available for $30 each from *Medical Liability Monitor*, P.O. Box 11147, Chicago, IL 60611-0147. Next month, *Ohio Medicine* will feature malpractice costs for general surgeons.

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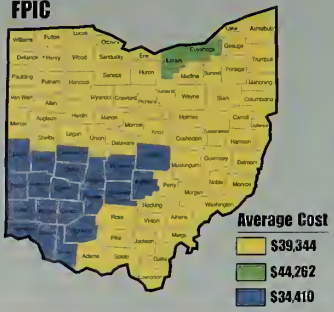
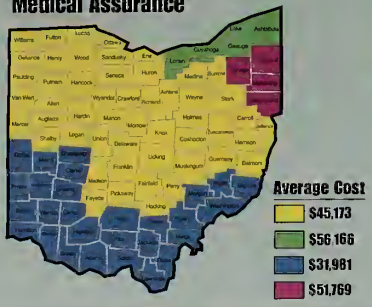


Medical Assurance



PHICO, Kentucky Medical, ProNational

MALPRACTICE

Hepatitis C threat

Malpractice carriers are among the insurers who are becoming increasingly concerned about the growing number of hepatitis C cases now being diagnosed in the United States.

According to the newletter *Medical Liability Monitor*, there is an inherent malpractice risk for medicine in hepatitis C cases because they are so difficult to diagnose. Patients may have few or even no immediate symptoms, or symptoms that resemble other, more common, conditions. As a result, a hepatitis C diagnosis may be delayed or not even diagnosed at all, which leaves physicians open to the potential of liability suits. Also, because hepatitis C can be transmitted via contaminated blood, physician-run clinics and other facilities may be vulnerable to suits from health-care workers who acquire the virus from an infected patient through needle-sticks.

Insurers are urging that steps be taken to ensure hepatitis C cases do not go untreated and that precautions are taken to prevent transmitting contaminated blood. ■

Discipline may be a matter of further educating an employee.

Compliance plans aren't of much use if the standards they set are not enforced, say Bill Frew and Keith Wilson of Adams and Associates, a Columbus practice management consulting firm.

Since enforcement, discipline, and reporting are often difficult areas with which to deal, they are areas that may be overlooked in compliance plans – but cannot afford to be. Following are a few notes on this subject that are worth keeping in mind as you develop this section of your plan:

- There should already be a format for reporting violations in your compliance plan.
- If an offense occurs, there should be appropriate discipline, just as there needs to be discipline if an employee fails to detect an offense.
- "Appropriate" discipline is discipline that is case specific. Each offense needs to be considered on its own.
- Physicians may also need to be disciplined. All physicians in the group need to determine in advance what these sanctions will be. These sanctions should be part of the practice's compliance plan.
- The compliance officer should make a note of the offense and the discipline given in his or her incident report. Documentation helps to show that efforts toward compliance are taken seriously in the practice.
- Possible or "suspected" violations should also be reported. If the office has established the proper reporting format, employees will understand that letting the compliance officer know of violations, even if they do not pan out, will not result in firing or retribution.

Discipline, in many cases, is simply a matter of educating and, sometimes, further training the employee or staff member. However, if repeated offenses occur because compliance is being ignored – despite training and warnings – then it may be time to let the employee go. ■

COMPLIANCE DATA

The following statistics come from a mail survey of 331 physicians, taken earlier this year by the Association of American Physicians and Surgeons.

82% The number reporting increased fear of prosecution or investigation within the last three years.

1% The number who made changes in their practice to avoid threats of prosecution.

34% The number restricting services to Medicare patients, such as surgery.

23% The number who now won't accept new Medicare patients.

22% The amount of time spent on compliance with Medicare regulations.

66% The number who said they would retire earlier than they would have five years ago because of an increase in Medicare hassles.

SPECIALTIES

United we stand

Presidents from over a dozen specialty societies convened late this fall at OSMA headquarters in Columbus to discuss legislative issues, OSMA legislative priorities and how the different organizations could work together on issues of joint interest.

"We want to know how we can more actively help each other in the next legislative session," says Walter J. Wielkiewicz, MD, OSMA president.

After the OSMA presented its legislative priorities, each specialty society president had an opportunity to present his or her society's own legislative agenda for the 124th General Assembly. In addition, the issue of specialty society representation in the OSMA House of Delegates was also discussed.

Keep watching OSMA publications and the OSMA Web site for additional information on organized medicine's cooperative legislative efforts. ■

Legislative possibilities... John Condon, MD, (left) Ohio Chapter, American College of Physicians/ASIM and Richard McVay, MD, Ohio Society of Pathologists, consider the possibility of uniting organized medicine's strength on top OSMA issues like prompt pay and physician profiling.

Ohio BWC Fees to stay the same

The Ohio Bureau of Workers' Compensation (BWC) has updated its fee schedule recommendations, and the good news is that fees will remain consistent or will increase slightly (for general medicine.)

To check the new fee schedule, visit the BWC Web site (go to the "Links" page on the OSMA Web site, www.osma.org, and look under "Government/State") and go to "Medical Provider." Select "Fee Schedule Lookup," which allows you to look up fees by way of CPT codes and modifiers.

The BWC is now making it easier for physicians to conduct BWC business by placing more of its forms on its Web site. BWC providers can now file electronically a First Report of Injury (FROI) form, and monitor the status of the claim through Internet access. They may also check the BWC site to see which managed-care organization they will need to bill. Next month, BWC providers will also be able to download a standardized prior authorization form that will be accepted by all managed-care organizations doing business in Ohio. ■

WWW.OSMA.ORG

Peer-to-peer exchange

The new "Forums" section on the OSMA Web site is the place where OSMA members can turn to discuss timely topics with other members, pose questions, or answer the questions of other members. It's an information exchange, similar to what you might hear in a doctor's lounge.

To ensure that only OSMA members participate in these discussions, each forum (which covers a different subject) requires that you validate your membership by providing either your 11-digit medical identification number (found on your membership card or the mailing label of your most recent copy of *Ohio Medicine*), or enter your personal password if you have one.

The most recently-posted forum concerned the pharmacists' new ability to provide immunizations. The question, "Should pharmacists immunize?" was posted, and members responded with their own views on this matter.

Committee-specific information is also available on the "Forums." Only task force members will be able to access those forums. Since information, as well as viewpoints, are posted on these sections, it's a good idea to check them regularly.

All OSMA members are encouraged to use the "General" forum to post their own questions, comments or opinions about medical or OSMA-related topics. ■

If you have questions:
About the Forums or how they work, contact OSMA Web Manager Karen Kirk, (800) 766-6762, Ext. 6754, e-mail: kkirk@osma. org.

ASK LEGAL

Inappropriate gifts

Q: May I give a small gift (i.e., a book or compact disc) to a patient who has referred other patients to me?

A: "It's a high-risk activity," says Terri-Lynne Smiles, JD, of the Columbus law firm Hahn-Loeser-Parks. "If investigated it's likely to be found to violate either the federal anti-kickback statute or the Ohio Medical Practices Act."

Federal anti-kickback statute:
Makes it a criminal offense to "knowingly and willfully offer or pay any remuneration, in cash or kind, to any person to induce someone to refer an individual for the provision of items or services paid by any federal health program."

Ohio Medical Practices Act:
Prohibits a physician from "engaging in the division of fees for the referral of patients." Smiles says this would, arguably, extend to a physician purchasing with fees any books or compact discs which are then provided to patients for the referral of other patients. Note: This provision prohibits all payments for referrals, not just those related to federal health-care programs. ■

Get answers to your questions 24 hours a day

Even after hours the OSMA can give you the information you need – when you need it.

Visit the OSMA Web site, www.osma.org, and click on the "Ask the OSMA" icon. Surf the FAQs, type in key words or use personal assistance to find answers to your questions.

SUPREME COURT

Drugs *before* dangerous actions

If a psychiatric patient chooses not to take a prescribed anti-psychotic medicine, courts now have defined when a drug can be administered under court order.

In a recent ruling on this matter (*Steele v. Hamilton County Community Mental Health Board*), the Ohio Supreme Court says that the forced administration of drugs may take place only if:

- The patient lacks the capacity to give or withhold informed consent;
- There is no less intrusive means of effective treatment; and
- Physicians believe the medication is in the patient's best interests.

"A mentally-ill person involuntarily committed to a treatment center can be ordered by a court to take anti-psychotic drugs if it is in the patient's best interest," wrote Justice Andrew Douglas in the court's decision.

S.R. Thorward, MD, government relations committee chair for the Ohio Psychiatric Association, says the OPA is, overall, very pleased with the court's decision.

"It allows us to intervene in cases with severe mental illness, and prevents the illness from progressing to a point where the patient must do something dangerous before we can step in to help," he says.

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CASE STUDY

Double-check denials

The OSMA ombudsman staff tracks the types of problems it addresses in order to help the OSMA identify trends and apply the lessons learned for the benefit of all its members. By reporting on some of these "case studies," the OSMA has a three-fold purpose:

1.) To educate members, enabling them to use some of these techniques in their own situation.
2.) Encourage members to access these member-only professional services, and
3.) Document any patterns of unfavorable behavior or policies by any third party.

The following is a recent case handled by the OSMA ombudsman staff.

Practice type: Gastroenterology
Other party: ChoiceCare/Humana

The challenge:
- Denial of two scheduled colonoscopies for "medical necessity" reasons.
- Both patients had family histories – a parent who died of colorectal cancer.

Supporting factors:
- An article by the American Cancer Society that emphasized a person with any characteristics of colorectal risk factors (i.e., family history) should begin colorectal cancer screening earlier than one without risk factors.
- Health Care Financing Administration policy that agrees high-risk individuals should be screened early for colorectal cancer. HCFA defines these individuals as persons with a "close relative who has had colorectal cancer and/or a family history of familial adenomatous polyposis."

Ombudsman solution:
Staff contacted the medical director at ChoiceCare/Humana with a request to reconsider the denial of benefits. A copy of the American Cancer Society article, along with other research emphasizing preventive care for the disease, accompanied the request.

Results:
- Within a month of receiving the letter from the ombudsman staff, the medical director was in touch with the member to explain the reason for denial of benefits.
- As it turned out, medical necessity was not the determining factor in denying the benefits. Instead, the patients were members of a PPO and their contracts disallowed preventive measures from coverage.
- Nevertheless, at least one of the disallowances had been reversed.
- It always pays to double-check any denial that you believe a patient is entitled to, says Jennifer Hyle, OSMA ombudsman services.

For help with your third-party problems:
Contact the OSMA Department of Ombudsman Services, (800) 766-6762.

Bill of Responsibilities

Nino Camardese, MD, Norwalk, was instrumental in initiating House Concurrent Resolution 52, which urges Ohio's school districts to promote personal and civic responsibility in students by posting a "Bill of Responsibilities" in every school. The OSMA supports his efforts. For a copy of the "Bill of Responsibilities" contact the Americanism Foundation, Norwalk, OH 44857, (419) 668-8282, or e-mail: Americanism@hmcltd.net. Laminated 24" x 36" posters featuring the "Bill of Responsibilities" are free with a $50 tax deduction. ■

EDUCATION

Coding, documentation, auditing

Full-day workshops covering the Evaluation and Management CPT codes, documentation guidelines, and medical record auditing will be offered monthly beginning in February by OSMA certified coding consultant Jillian Phillips, MA, CPC, CCS-P. The February and March sessions will be offered in Columbus at the OSMA headquarters and, after that, will be held in different locations around the state.

"It's important for physicians to attend this seminar," says Phillips. "They are the ones seeing and treating the patients and documenting your encounters. This is not about changing the way physicians document; it's about getting them to look at medical record documentation in a different way so their medical records will better reflect the work that has been performed, and they will be able to be reimbursed properly for that work, and keep that payment in the face of an audit."

Each session will provide a comprehensive look at the E&M codes and their proper use, along with their modifiers, with emphasis on proper code selection, based on the 1995 and 1997 guidelines which will be a factor in all audits for several years, as well as a brief update on the proposed guidelines which are being reviewed by HCFA. There will be instruction on how to perform your own audits for compliance self-monitoring, as well as self-defense in the face of downcoding and carrier audits, with exercises using actual medical records. Reference materials will be provided, and CME credit will be available for physicians. ■

For more information:
Contact the OSMA Department of Education, (800) 766-6762, e-mail: education@osma.org. Watch for the OSMA Educational Calendar which will provide more information on registering for this and other courses.

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